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Address.

BY HENRY C. CHAPMAN, M.D.¹
Professor of Physiology, etc., Jefferson Medical College.

GENTLEMEN OF THE GRADUATING CLASS: Of all those present among this distinguished and cultivated audience, evincing, by their presence on this auspicious occasion, their interest in this, your first step in the career of a physician, no one sympathizes, perhaps, more deeply with you than myself. For in this same month of April, just ten years ago—may I be pardoned the allusion?—I began my teaching in the Jefferson Medical College. Ten years have come and gone, but so quickly that the hopes and aspirations then in me awakened are as fresh and bright in my memory as those now just kindled in your souls by the enthusiasm engendered by the well-won degree of the doctorate of medicine. As to what success has attended my individual efforts, it is not for me to express an opinion. The judgment I leave to you, and to the hundreds—aye, thousands—of students who have since done me the honor of listening to my teachings—and those of my distinguished colleagues—and who are now practicing medicine successfully throughout the length and breadth of this great land; practicing their profession of medicine, relieving the ills that flesh is heir to.

. It has been the genius of this college, since its foundation, to send out from its halls skilled and

well-trained physicians to minister to poor, suffering humanity. While our honorable Board of Trustees—to whose wisdom, tact, and judgment (in the present as in the past) the success of the Jefferson Medical College is so largely due—and the Faculty fully appreciate the benefit to be derived from ripe scholarship and the advantage of scientific training, yet being fully aware of the enormous amount of work demanded in the qualifying of one for receiving the degree of doctor of medicine, and realizing the little time allotted in this practical land of ours to accomplish it, have never been led away from legitimate medical teaching by that will-o'-the-wisp, that medical chimera, phantasm, of attempting to graduate a man a doctor of medicine and a doctor in every other department of knowledge, like Dr. Pangloss, of the University of Aberdeen, B.A., M.A., M.D., LL.D., and A.S.S.

The beginning and end of the teaching in this college is to make good doctors, and it does it; and that is the secret of its success. Gentlemen, modesty, like silence, has ceased to be a virtue in these practical business days. I observe that the trustees, faculty, alumni, and students of other great colleges freely advertise their colleges and themselves, in and out of place, on all occasions, and that they stick and pull together. They do well to do so, for, indeed, a house that is divided, falls. Do not you, then, forget your Alma Mater when far away from these lecture halls and famous clinical amphitheater, which, I trust, will always recall pleasant associations when the knowledge just acquired there, ripened by professional experience, gives you that confidence in

¹ Delivered before the graduating class at the Annual Commencement, 1890.

yourselfs which time alone can give. When practicing your profession under every variety of clime and amidst the most diverse circumstances, never forget old Jeff.

Gentlemen, wishing you most heartily every success in your future career—beginning here this day so hopefully—may I be permitted to suggest one element as indispensable in attaining it: get married as soon as you can—right off. Of course, you will say you cannot afford it. That is no excuse, for you will find that it is as easy to maintain two as one, if the other, and probably the better, half is a sensible woman—for women are usually thrifty, business-like, and good managers generally. Of course, if she is pretty, so much the better; but sensible she must be.

Nothing, I assure you, increases the respect of the community for a young physician just beginning the practice of medicine, like that of getting a good wife. It inspires confidence at once in himself, and in the community. For, after all that has been said on the man and woman question, it is perfectly evident that the difference between them is not a question of degree, but of kind; indeed, from a biological, as from an economical point of view, the vital unit demands the merging into one of the two sexes, taking two to make a bargain, so to speak.

The mind of most men, at least, is inductive in character; facts are slowly established, and conclusions cautiously drawn, by such minds: the mind of woman is essentially deductive; she jumps at conclusions without any facts at all; but the woman gets there, all the same, and her conclusions are generally right. That such a marked difference actually prevails, as regards the intellect of the sexes, is shown from the fact of the extreme variety in which the inductive and deductive methods of reasoning are equally made use of by the same individual. In the history of the human intellect do we meet with two instances only—Aristotle and Newton—who were equally great as experimenters and reasoners, equally inductive and deductive in their methods of thought. The discovery of the attraction of gravitation was a pure deduction made by Newton at the age of twenty-four, the experimental verification of it being delayed for years, until an arc of the meridian was correctly measured. The discovery by Goethe, the great German poet, of the different parts of a flower—the calyx, corolla, stamens, and pistils—being only modified leaves, was a deduction; Goethe not being a botanist, but a thinker, the poet afterwards studying botany to prove the truth of his theory. The celebrated Hauy made the collection of minerals now adorning the museum of the Jardin des Plantes, in Paris, to illustrate his views of the origin of minerals previously deduced entirely from theoretical considerations. It was predicted by Hamilton, from mathematical reasoning, that a ray of light would emerge from a crystal, as a divergent cone, if certain experimental conditions could be realized; and such was afterwards shown, by experiments by Lloyd, to be the case. The "Wealth of Nations," a work that entirely revolutionized men's ideas as to values and economic relations—whatever view may be held at present as to its intrinsic worth—was

written, not by a merchant, familiar with the details of trade and finance, but by Adam Smith, a profound thinker, who, living for years in seclusion, away from the distractions of men and affairs, worked out a theory which to this day is the basis of sound political economy. Indeed, far more discoveries have been made by the deductive method—the woman's method, as I will call it—than is usually supposed. Such being the case, the fact that eminently intellectual men have usually had very intelligent or strong-minded mothers, becomes significant; and further indicates the importance of letting the mother in early youth, in this most impressionable period of life, influence the growth of the intelligence of her child.

On the other hand, mere theorizing speculation leads to nothing. The failure of the Greek philosophy was largely due to the current theories of that day not being submitted to the crucial test of experiment, of not being viewed in the light of experience. The theories of Anaximander and Anaxagoras were as hotly maintained by their disciples as expressing the truth, as those of Heraclitus or Pythagoras were by their devoted adherents. What is truth, then, might well have been asked, so impossible had it become to establish in Greece any view certainly, the truth being so mystified by the skilful but unprincipled peripatetic philosophers of the Porch. The mystical, purely speculative, unpractical, so-called German philosophy of the day, as illustrated by the works of Fichte, Schelling, Hegel, is a natural outgrowth of that profound work, the "Critic of Pure Reason," by Kant, pushed to its extreme speculative limits, but uncontrolled, however, by experience. In vain Kant protested to Hegel that thinking you had a hundred thalers in your pocket was not the same thing as having them there. What had the existence or not of a miserable hundred thalers to do with the philosophy of the matter? So Hegel smoked on, thalers or no thalers, and puffed out a farrago of inner consciousness, which in this country would have consigned him to a lunatic asylum.

Speculation and experiments, theory and practice, ought never to be separated; induction and deduction go hand in hand, and the more intimate the union of the methods, so much more valuable will be the intellectual results accomplished. The influence exerted by woman in the advancement of knowledge is not only seen in her promoting the deductive form of reasoning, but in the developing of the poetical and imaginative sides of our nature. The importance of the imagination in developing scientific theories is so evident, as to have attracted the attention of many thinkers. The dry, disconnected facts of science daily accumulating, unilluminated by a theory, weaving them into a continuous whole, so far from being suggestive and stimulating to further research, actually paralyzes the mind. It is no unmeaning fact that Shakespeare preceded Harvey. The mental and moral atmosphere that made a Shakespeare or a Milton possible, was more conducive to the producing of a Harvey than that of a court, of which Bacon was the ornament.

The discovery of the circulation of the blood would

never have been made by a slave to Baconian methods with its idols of the tribe, market-place, and theater. Indeed, Harvey saw the blood circulate only in his mind's eye, the demonstration of the circulation by Malpighi not being made until after Harvey's death. Again, the great French intellects appeared during the French Revolution—a period characterized prominently by unrest, excitement, restlessness, conditions all favorable in stimulating inquiry indispensable to the advancement of knowledge. Gentlemen, have I offered arguments and illustrations enough to convince you of the influence exerted by woman in the advancement of knowledge? to satisfy you that in taking to wife one of your fair countrywomen you will strengthen your own inductive masculine minds in adding to it that of the deductive feminine one? If so, then the object of these parting remarks will not have failed; and, wishing you health, success, and above all, happiness, I bid you, one and all, an affectionate farewell.

Original Articles.

NEW ANTISEPTIC ARTIFICIAL MEMBRANA TYMPANI.

By JOHN WARD COUSINS, M.D. (LOND.), F.R.C.S., Senior Surgeon to the Royal Portsmouth Hospital, and the Portsmouth and South Hants Eye and Ear Infirmary.

SOME of the most striking results of simple surgical treatment follow the successful application of artificial drumheads in cases of chronic middle-ear disease. Individuals who are unable to distinguish clearly sonorous vibrations, or to follow ordinary conversation, find themselves, by the introduction of a little mechanical contrivance into the ear, suddenly placed in a new world of sound. Many of my patients have expressed their surprise at the simplicity of the treatment, and their satisfaction that they could so easily practice it themselves. If these statements are true, how is it that in every town and village of this country sufferers from permanent deafness and aural disease are to be found, who have never given any kind of artificial membrane a trial? The fact, however, admits of a very easy explanation. Medical men, engaged in the arduous duties of general practice, really take very little interest in chronic middle-ear affections, and they regard their treatment as unsatisfactory and often practically hopeless. Many patients, partially deaf, are remarkably indifferent about their aural troubles, and parents often ignorantly neglect them in their children, and look upon "a running at the ear" as a constitutional error that ought not to be rashly checked. Every day, a large number of chronic cases, attended with serious deafness, are seeking relief at the special institutions, and it is really astonishing to find how small a proportion of them have ever undergone any regular treatment.

Aural Diseases in which Artificial Drumheads are Useful.—The special forms of middle-ear disease, in which the hearing power is improved by the insertion of an artificial drumhead, are capable of well marked definition.

1. It is especially useful in cases of perforation, but the probable increase in the hearing power cannot be estimated by any preliminary examination. The amount of benefit certainly does not depend upon the size or position of the injury, for in every case there are other abnormal conditions which exert a variable influence upon the result. It is almost impossible to have any loss of substance in the membrane, without also some other structural changes in the tympanum.

2. The artificial drumhead is also beneficial in other alterations of the membrane, involving abnormalities of tension in the conducting apparatus. It may sometimes be used with marked benefit in chronic middle-ear disease attended with ossicular changes and atrophy of the drum, or in cases of cicatricial collapse, caused by inflammatory thickening of the membrane and lining of the tympanic cavity. In fact, in all cases of accommodative loss from alterations in the contents of the tympanum, the artificial membrane may be hopefully employed, provided the Eustachian tube is unobstructed and the naso-pharynx fairly healthy.

Early Efforts to Compensate for the Loss of the Membrane.—The great value of mechanical aids in diseases of the tympanum has long been recognized. Half a century ago, methods were devised by surgeons for closing the opening of the drum in cases of perforation. The notion obstinately clung to their efforts that it was absolutely essential to completely fill up the aperture with some material, and leave the external meatus free and unobstructed. This practice of plugging the perforation proved dangerous, and was sometimes followed by disastrous results, so that, after many trials with various materials, the attempt to treat mechanically the injured membrane was for a time abandoned.

About thirty years ago, the late Mr. William Harvey¹ stated that Itard introduced the practice of inserting cotton wool at the bottom of the meatus. Subsequently, Deleau applied a piece of wood, and Tod a little pad of lint.

The following list shows the various kinds of artificial drumheads which have been introduced up to the present time:

Moistened cotton pellet, Mr. Yearsley. 1, Cotton ball attached to thread; 2, disc of adhesive plaster; 3, disc of sublimated gauze, Dr. Turnbull. Disc of oil silk, Dr. C. M. Thomas. Cotton pellet fixed by collodion, Dr. Barr. Disc of sized paper, Dr. C. J. Blake. Compound disc of india-rubber, cotton wool, and flannel, Mr. George Field. Solid piece of india-rubber, Dr. Burkard Merian. Solid piece of india-rubber on fine stem of silver wire, Mr. Toynbee. India rubber tube as long as canal, Professor Politzer. India-rubber disc attached to rubber-tube, Professor Lucæ. Circular patch of pellicle of egg, Dr. Walter Downie. Disc of stout linen with cotton thread soaked in vaseline, Dr. F. M. Pierce. Cylinder of gold, Dr. H. B. Richardson. Glycerine thickened with tannin, Dr. Michael. Plug of boracic acid powder, Dr. Farquhar Mattheson. Little roll of paper, author unknown.

¹ "The Ear in Health and Disease," by William Harvey.

It is not my intention to advocate the special excellence of any of these devices. No doubt, all of them have been found useful; but not one of them is adapted for indiscriminate adoption. Up to the present time, the pellet of cotton wool has been more extensively employed by aural surgeons than any other form of artificial tympanic membrane, but its constant use is attended with many disadvantages. The patient must be taught the method of using the pellet, and adjusting it in his ear with forceps. Sometimes the cotton ball is not completely withdrawn, and the portion that remains in the meatus becomes foul and dangerous from purulent saturation. It may be put in too firmly, so that the upper part of the passage is converted into a closed sac, and the drainage of the tympanum prevented. It is my experience that few patients can be induced to persevere with the cotton pellet, because it is so liable to get out of position, and requires so much dexterity in putting it in and taking it out of the meatus.

During the debate at the annual meeting last year,¹ Dr. Barr expressed the opinion that the cotton pellet, properly applied, was a very valuable aid to hearing in suitable cases. He said that it ought to be tried in various sizes and shapes, and also in various positions, and that the many failures which occurred in practice arose from the want of sufficiently painstaking efforts in these directions. Whenever the cotton pellet got out of position, and habitually became misplaced, he found it an excellent plan to immerse the cotton in collodion, and then carefully fix it in the meatus. It is scarcely necessary, otherwise I could refer to other eminent authorities in corroboration of my statement that the cotton pellet, the most universally employed of all artificial drum-heads, is really difficult to manage. If the surgeon requires so much patience and skill in its adjustment, how can it be applied efficiently by the majority of patients?

As regards the artificial tympanic membrane in the form of an india-rubber disc, it is sometimes useful, but is seldom persistently worn, as the metallic stem attached to it is irritating and uncomfortable, and its vibration in the meatus causes constant annoyance. A short time since a gentleman consulted me respecting long standing perforation and chronic otorrhoea. He was wearing an artificial drum-head of this description, which had been recommended to him by an aural surgeon, and he informed me that it was of much assistance to him, but that he was unable to wear it constantly in consequence of the vibration of the stem. On examination, I found the meatus so narrow, and the posterior wall so much distorted and thickened, that it was impossible to examine the perforation, or introduce any other kind of artificial drum-head.

An Efficient Artificial Membrane.—The essential qualities of a good artificial drum-head are somewhat numerous, and they can be tabulated as follows: 1. The artificial membrane must, first of all, decidedly improve the hearing-power, both for distance and conversation. 2. It must be so constructed that it can be easily placed in the right position and readily

removed. It ought, also, to be especially adapted for self-application. 3. It must be extremely light and delicate in structure, so that it causes no sensation or irritation in the meatus by its presence. 4. The artificial drum-head ought also to be an efficient protection to the injured organ, and a screen for maintaining the moisture of the exposed tympanic cavity. 5. It should be capable of fitting the varying capacity of the external meatus, so that when once placed in position it is not liable to displacement. 6. It ought to be a convenient vehicle for the application of local astringent and deodorizing remedies. 7. The contrivance should be obtainable at a trifling cost, so that a new artificial membrane may be used as often as necessary.

The New Antiseptic Artificial Drum.—The new membrane, which I desire to submit to the criticism of my professional brethren, is represented in Fig. 1. In shape it is exactly like a hat, with a very high and tapering crown, and a broad and flat brim, having a short ribbon attached to the edge. It is just firm enough in substance to retain its shape in the ear, and yet the material is so soft and flexible that it causes no sensation by its presence. It is stained a delicate flesh color, and is made in several sizes, to suit the varying capacity of the external meatus. When in position the crown rests near the tympanic membrane, the brim upon the meatal wall, and the little ribbon, or handle, behind the tragus. The method of manufacture has been worked out by a series of experiments. The material is composed of compressed cotton fibre, swollen by prolonged immersion, and saturated in an antiseptic oil and ether. The soft material is then firmly compressed in a little machine that I have designed for the purpose, and afterward dried by artificial heat.

FIG. 1.



One marked feature of the new antiseptic membrane is its extreme lightness. The weight varies a little according to the size, and this has a range from one-sixth to one-quarter of a grain. I have often introduced it without the patient being aware that anything had been put into the meatus. Another special quality consists in the facility with which it can be introduced and removed by the patient himself.

The little instrument for the self-application of the artificial membrane is represented in Fig. 2. The patient must be taught to introduce the artificial drum-head himself, and he will readily learn to perform the operation with great dexterity. The little hat should be taken out of the case in which it is protected, with the forceps—not the fingers—and placed in the palm of the left hand. The probe end is then to be carefully inserted into the crown, with

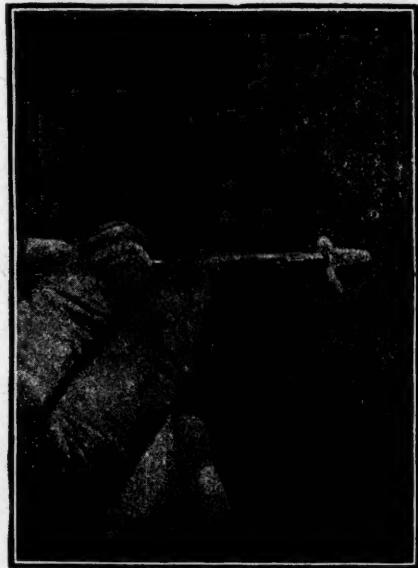
¹ See *British Medical Journal*, September 1, 1888.

the handle in a line with the nob on the slide. The method of holding the instrument is exhibited in the engraving. It must be grasped like a pen, with the middle finger resting just behind the nob, which serves as a guide to the position of the handle. The artificial membrane is then to be slipped off the probe by pushing up the slide, and in this way it can be accurately adjusted in the meatus, with the handle resting on the front wall. Sometimes a few gentle touches are required to place it in position, and to regulate the amount of pressure necessary for obtaining the best result.

The artificial drum-head can be easily removed from the ear with the little forceps, Fig. 3. The patient must hold the blades with the thumb and forefinger, about half an inch from their points, and feel for the handle, which can be readily found behind the tragus, then, by gentle traction, the membrane can be easily withdrawn.

It is a matter of great practical importance in every case that the artificial membrane should be selected to suit the shape and capacity of the external ear. It is my practice to regulate the height of the crown by the sensation of the patient, and the breadth of the brim by the size of the meatus. It must not fit too

FIG. 2.



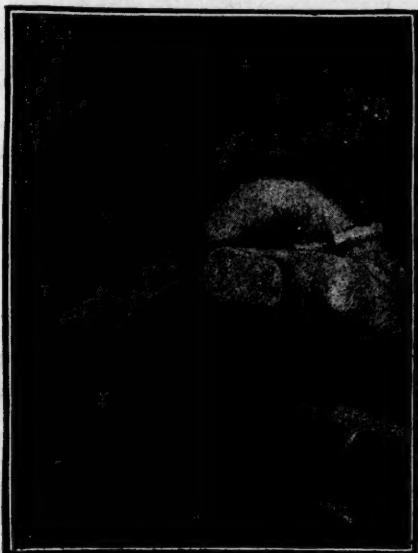
tightly, but simply rest in contact with the meatal wall, so that after it has been put into the right position it does not get easily displaced.

Fig. 4 presents a diagrammatic section of the ear, showing the usual position of my artificial drum-head. It is not necessary to place the crown upon the perforation, or in contact with the remnants of the tympanic membrane. The surgeon cannot select the point of contact by any internal scrutiny of the organ, but in every case he must be guided by the sensations of the patient and the improvement produced in the hearing power.

The artificial drum-head may be regarded, also, as an ear-protector and a local antiseptic remedy. I have recently made some impregnated with the oils

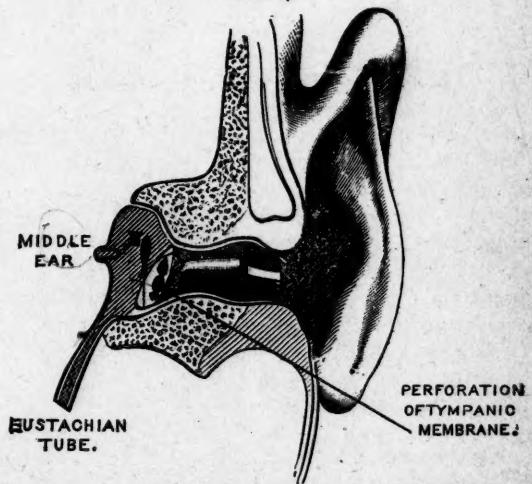
of eucalyptus globulus, and pumiline pine, in combination with other aromatic substances, and their agreeable fragrance renders them extremely grateful to some patients, especially those who have suffered from offensive discharge. Other patients, with per-

FIG. 3.



foration of the tympanic membrane, but without serious deafness, have used them as ear protectors with great comfort. In such cases the artificial membrane forms a screen between the middle-ear and external meatus, and acts as an efficient shield during rough and cold weather. With reference to the length of time an artificial membrane can be retained in the

FIG. 4.

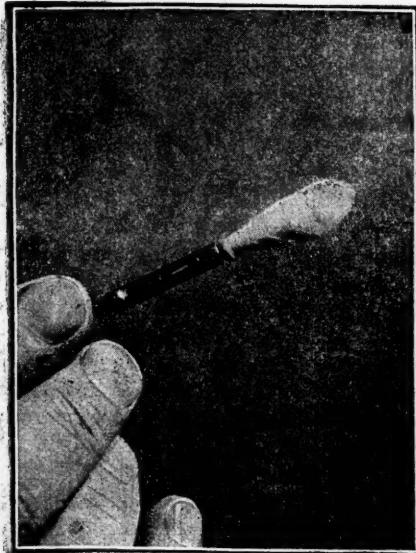


ear, I recommend a fresh one to be introduced every day, and of course this is absolutely necessary in all cases of otorrhoea. It should be taken out during the night, and put in directly after the local treatment is finished in the morning. Some patients make one of the drum-heads do for two or three days. A medical friend, who has been using my little hat for several months, informs me that he has often kept one in his ear for a week without removing it. Of course this

is a detail which must vary in different cases, and patients soon learn to arrange it for themselves.

The antiseptic artificial membrane does not require to be moistened before introduction. If the passage is dry, it should be wiped out with a weak solution of boracic acid, or any deodorizing lotion. On two occasions only have patients complained of some temporary irritation from its presence in the meatus. One was a case of gouty eczema of the auricle, and in the other the external ear was particularly tender and irritable from chronic inflammation. Under these circumstances, a morsel of lanoline, containing cocaine, can be used with great relief, just before the introduction of the artificial drum-head, and I always direct that the membrane should only be retained for a few hours at a time, until the sensibility of the meatus has subsided.

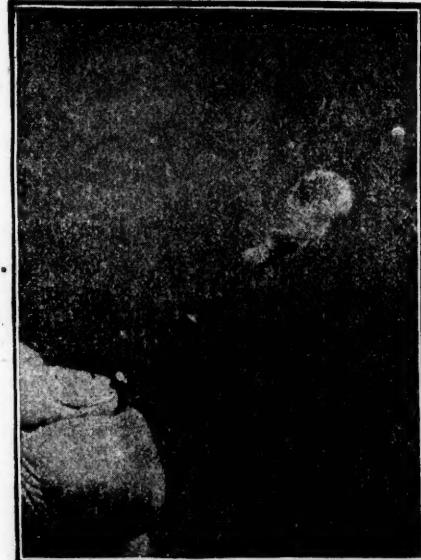
FIG. 5.



then be gently wiped out with pinol wool, and for this purpose I use the aural probe.

Fig. 5. A thin strip of wool, three and a half inches in length and half an inch in breadth, must be tightly twisted over the end of the probe. The method of instantly casting off the soiled material by pushing with the thumb the sliding collar over the point is depicted in Fig. 6. Parents must always be taught to carry out this deodorizing treatment, and to examine the ears of their children several times a day, so that they may be sure that the fetid odor is effectually destroyed. In cases of profuse otorrhœa, I do not recommend the use of the artificial membrane until the discharge has been relieved, and the excoriations around the meatus have been successfully treated. Care must be taken that the purulent secretion from the diseased tympanum is

FIG. 6.



Antiseptic Treatment in Middle-Ear Disease.—I must now refer to several practical matters connected with the treatment of perforation of the tympanic membrane and chronic suppurative disease of the middle-ear. It sometimes happens that good results can be obtained by simply adjusting the artificial drum-head, and replacing it as often as necessary. In a large majority of these distressing cases, however, other important remedial measures must be diligently practiced, and the ear must always be thoroughly deodorized before the introduction of the artificial membrane. The external meatus must be kept clean by washing, and in some cases this must be repeated two or three times a day. It is only by persistent and gentle irrigation that the inspissated secretion can be removed from the tympanum, and this should be carefully and regularly done with luke-warm and astringent lotions, applied with a glass syringe, or aural douche. Often the injured organ is too sensitive for treatment by injection, and the external passage can only be filled with the warm solution. This must be retained for a minute or two, and the operation repeated over and over again until the ear is effectually cleansed. The meatus should

not mechanically pent up, for plugging the ear with cotton, wool, or any other substance, is a very dangerous practice. Our poor patients come to us quite ignorant of the gravity of their condition, and of the imminent peril which often surrounds them from inflammation of the bony structures, and the risk of septic absorption.

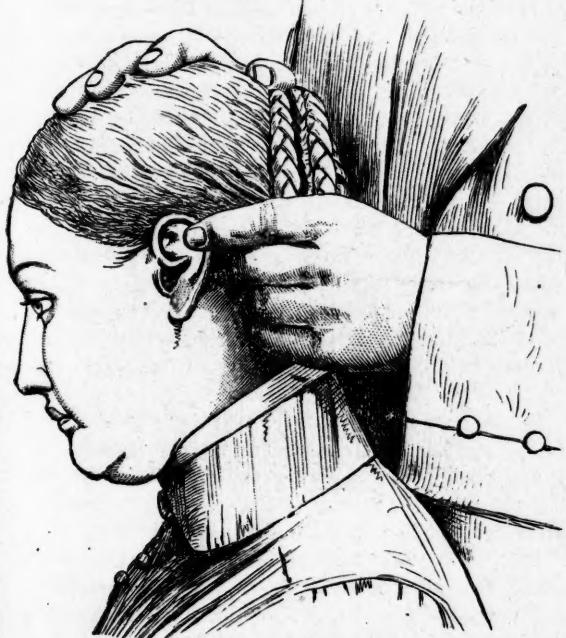
Again, in all cases of chronic middle-ear disease, it is essential to examine the naso-pharynx, and test the condition of the Eustachian tubes. For this purpose, I often use my hand-ball injector and evacuator;¹ and whenever chronic tubal obstruction is present, I teach my patients to apply the instrument for themselves, and also diligently to carry out daily antiseptic treatment. It is often only after weeks of perseverance and attention that the full comfort of the artificial drum-head can be secured, and the improvement in the hearing power fairly estimated.

Value of the Artificial Drum-head.—In a communication on the Value of Artificial Aids to Hearing, read at the annual meeting of the British Medical

¹ See *Lancet*, December 21, 1889, and *British Medical Journal*, January 11, 1890.

Association, 1888, Dr. Laidlaw Purves remarked : "Our assistance is not asked by a patient to enable him to hear the tick of a watch or the sound of a tuning-fork, but to restore him, as far as may be possible, to conversation with his fellow-men."¹ It is for the improvement of the hearing-power in conversational intercourse, and for the protection of the injured organ during the ordinary purposes of life, that I can confidently recommend the antiseptic artificial membrane. It may require, sometimes, a little patience to learn its exact adjustment, but the effort will be followed by real benefit and diminished risk. The intensity of the sonorous vibration is often immediately increased, and patients have voluntarily told me that they could define sounds which before appeared to them to be only a noise. The sensibility of the organ is magnified, and the hearing-power is so far improved that the patient does not appear deaf in ordinary conversation. Intercourse with friends is made easy, the hearing distance is increased, and in

FIG. 7.



place of ear-rest loops and strained attention, the countenance expresses both pleasure and repose. As a general rule, the help afforded by the artificial drum-head is more pronounced in perforation than any other form of middle-ear disorder; still, I have seen many successful applications in other forms of injured membrane.

I have now tested the value of the new antiseptic membrane in more than one hundred and fifty cases of middle-ear disease, and, out of this number, all but three have experienced decided benefit. I always tell my patients that they may hope for progressive improvement, but that they must not expect to realize the full amount of relief until they have regularly carried out the local treatment, and worn the artificial drum-head for at least two or three months.

The following illustrations are taken from my notebook. Both these cases, and many more like them,

have recently been examined by my colleagues at the infirmary, and many other professional friends. Fig. 7 has been taken from the photograph of a patient aged sixteen years, and it exhibits the position of the drum-head during traction on the pinna. Her mother stated that she had suffered from disease of the ears since infancy. The perforations were large on both sides, and involved nearly the whole surface of the membranes. About five years ago the deafness appeared to have been aggravated by repeated blows on the ears at school. During the last two years she has been very deaf, and the discharge copious and fetid. On the right side she complained of constant tinnitus—a somewhat rare symptom in perforation, and, probably, excited by a collection of inspissated secretion over the fenestra ovalis. Local treatment has been regularly carried out for four months, in combination with the daily application of the artificial membranes. The hearing-power had much improved, and conversation with her indicated

FIG. 8.



scarcely a trace of deficiency. She stated that she could follow the sermon at church, and her appreciation of musical sounds had also much improved.

A sketch taken from the photograph of a patient, aged twenty-six, is seen in Fig. 8. The tragus is drawn forward to expose the artificial membrane and the handle in position. She had been married some years, and had two children. Her mother stated that her hearing was lost when she was twelve years of age, and that her friends "had always to holloa at her." On examination, both membranes were found destroyed. The aural discharge was fetid, but moderate in quantity. The ears were at once deodorized, and the artificial membranes inserted. The hearing-power was immediately very considerably increased. During the last four months, she has regularly carried out the antiseptic treatment, and has daily introduced the drum-heads. She could now hear well,

¹ British Medical Journal, September 1, 1888.

and exhibited no apparent deafness in conversation. She stated that musical sounds were clear and distinct, and that she could hear a watch one inch from her right ear.

Now, I am quite aware that local antiseptic treatment, assiduously carried out, will do much to improve cases of this description; but it is my experience that persistent attention to cleanliness, in combination

No. of Case.	Age.	Sex.	Disease.	Hearing power before Treatment.	Hearing power after Treatment.
1. S. H. Private patient	16	F	Perforation of both ears, involving almost the entire membranes. Discharge copious and fetid	Very deaf Conversation difficult at one yard	Progressive improvement; conversation easy, can follow sermon at church
2. E. T. Under care of Dr Green Landpr't	24	F	Double perforation caused by scarlet fever, in early life. Discharge fetid and scanty	Sense of hearing extremely deficient. Understands by lip movement	No apparent deafness after two months treatment musical sounds loud and clear
3 R. E. A medic'l man	36	M	Perforation on right side. No discharge for some years	Hearing very deficient on right side	Great improvement; wrote in July, 1889, "My hearing is now restored"
4. K. P. Infirmary patient	12	F	Perforation of both membranes; disease of ears followed typhoid fever three years since; chronic naso pharyngitis and fetid otorrhea	Mother states she could only hear conversation in a loud tone at the distance of one yard	After treatment for one month, conversation easy, can hear tick of clock, and sermon in church
5. N. S. Dr. Hunter, Gosport	30	F	Large perforations for many years; followed scarlet fever. Otorrhoea profuse	Deafness variable, but always very hard of hearing	Ears dredged and drums inserted. Can converse without difficulty. Seen after three months, hearing much improved
6. J. L. Doctor R. Emmett Kingston Landpr't	44	F	Perforation both membranes. No discharge	Very deaf 20 years	Hearing much improved. Patient said, "With drums I can hear well. I change them twice a week."
7. A. T. Doctor Axford, Southsea	24	F	Extensive destruction of membranes; fetid discharge; aural polypus	Very deaf from 12 years of age	Recently married Oct. 1, 1889, husband writes, "I am delighted with the remarkable improvement in my wife's hearing."
8. L. S. Infirmary patient	17	F	Perforation both ears; copious and fetid discharge	Hearing very deficient for 3 years	Very much improved. Can hear comfortably in church and in conversation
9. E. G. Doctor R. Emmett Landpr't	66	F	Perforation of many years duration	Very deaf. Had used ear trumpet for years	Hearing much improved. Had discarded the trumpet
10. T. W. Medical man	24	M	Perforation of right entire membrane and mastoid abscess six years since, had an operation for drainage, followed by great relief	Hearing very imperfect on right side	Wrote Sept. 1889, "I find great comfort from the artificial membrane, and hearing much improved."
11. S. K. Dr Woodward, Ryde	22	F	Perforation of both membranes since five years, caused by scarlet fever. Very fetid discharge	Very deaf Conversation difficult at one yard	Conversation easy. She said, Nov. 1, 1889, "The membranes are very great help and keep out the cold."
12. G. F. Private patient, Gosport	74	M	Large posterior perforation, right membrane, left membrane white and puckered. No discharge	Lost hearing on right side for many years. Left very imperfect	Immediate improvement by insertion of artificial membrane. Nov. 1, 1889, stated, "My right ear is now very useful, and my hearing much improved."

* Patients have often told me that they had lost all sense of hearing on the side of the perforation, and have expressed surprise at the effect of the artificial tympanic membrane.

with the mechanical assistance, will give far better results, with a fair prospect, too, of progressive improvement.

The new antiseptic artificial membrane, together with the aural probe, can now be obtained from Messrs. Burroughs, Wellcome & Co., Snow Hill Buildings, London, E. C., at a very trifling cost; or from their agents, Messrs. Fairchild Bros. & Foster, 82 Fulton Street, New York.

The above table exhibits twelve cases of perforation of the membrana tympani treated with the new artificial membrane.

TRANSFUSION OF SALINE SOLUTIONS IN POST-PARTUM HEMORRHAGE.¹

BY LEWIS SCHOOLER, M.D.,
Professor of Surgery in the Iowa College of Physicians and Surgeons,
Des Moines, Iowa.

THE transfusion of blood by either the direct or indirect method has been practically abandoned in this country, and the safer and equally effective saline solution substituted. The dangers of the former method, and the difficulty attending the operation with reference to apparatus, as well as the difficulty in obtaining a supply of human, or even animal, blood, have frequently proved insuperable, and could, in most cases of post-partum hemorrhage, be resorted to only in a lying-in ward of a well-regulated hospital. With the saline solution, the dangers to life are very much lessened, if not entirely avoided, while the efficacy of the fluid is fully as appreciable as when the direct method itself is resorted to, while the necessary apparatus is so simple that one can be improvised in almost every household where there happens to be a fountain syringe, or a funnel and a piece of rubber tubing.

Saline injections, so far as I know, had their origin in the treatment of cholera, and were resorted to for the purpose of supplying the deficiency resulting from the copious alvine discharges that so rapidly deprive the circulating fluid of its serum.

Distilled, or sterilized water, with some saline substance in sufficient quantity to give it practically the same specific gravity of the blood, is, theoretically, the best fluid for this purpose.

It is but fair to state, however, that some writers have stated that clear, sterilized water will prove equally effective; but the literature on this subject is so meagre, that one is led to believe that further investigation in this direction is necessary before any definite opinion can be formed, and unless it can be shown that the salines are really objectionable or harmful they should not be hastily abandoned, as the chloride of sodium is to be found in a fairly pure state wherever this operation is likely to be performed. The other soda solutions, such as the liquid sodas, are frequently combined with the chloride. They are not, by any means, essential.

When thrown directly into a vein or artery, the effect is twofold. The primary action is to fill the empty and collapsed blood-vessels, as well as the cav-

¹ Read before the Iowa State Medical Society, at Des Moines, Iowa, April 17, 1890.

ties of the heart, so that that organ, instead of contracting upon space, propels the fluid to every portion of the body, where it is taken up by the absorbent vessels and partially, at least, fulfils the office of the blood, thus constituting the secondary effects.

Transfusion in any of its forms, or by whatever method, is resorted to for its temporary effect. It supplies a deficiency, or arrests a cause that is creating a deficiency, until the blood-making organs have time to supply the required quantity of that fluid, which, fortunately, does not require a very long period of time in persons who are in good health, and who are sometimes the subject of accidental hemorrhages, and it is in these subjects that we are to expect the best results. In pernicious anaemia, where the difficulty is with the blood-making processes primarily, no benefit can be expected from any form of this operation.

My experience with this operation has been more limited than I intended it should be when I promised this paper, but a series of circumstances, over which I apparently, at least, had no control, have conducted to this state of affairs, preventing my carrying out a well-matured plan of a series of experiments upon the inferior animals, which I had hoped might prove of sufficient value to merit a place on the programme of this society. My first experience was upon the human subject, and the result so happy that I will relate the case as fully as possible.

July 5, 1889, I was called to see Mrs. F., aged twenty-three years; family and personal history excellent; had been confined eleven days previously; convalescence had been rapid and uneventful up to that time, which was 12 P. M. During the day she had partaken freely of ice-cream and berries; had retired early and slept two hours, when she awoke with cramps and sickness of the stomach; vomited freely; violent hemorrhage occurred during the act of vomiting. Dr. Ward was called, and I arrived one hour later. When I arrived the hemorrhage had ceased; pulse was very feeble and too rapid to be counted; countenance was blanched, extremities cold, body bathed in perspiration; was very restless, complained of being very tired; had had several injections of ergot and four of whiskey; no effect upon the circulation whatever; within half an hour became pulseless; heart's action very feeble, and still restless, rapidly becoming comatose; hot water enemas, warm applications to feet, had no effect; and as she was sinking rapidly, we agreed that transfusion was indicated, and a hard rubber funnel and three feet of flexible rubber tube, one-half inch in diameter were procured, and to this was attached the dome pointed, aspirating needle of the "Allen's Surgical Pump." The median cephalic vein was opened, and twenty ounces of a solution containing xciii grains sodium chloride, xx minimis liquor sodae to two pounds of distilled water, were thrown in in sixteen minutes. At the end of the first five minutes the pulse returned to the wrist, and at the end of ten minutes it could be counted and was 160 per minute. At the end of the sixteenth minute it was 143 per minute, and at the end of the first half hour it was 120 and improvement continued uninterruptedly. When the incision was made over the vein it was

found entirely empty and collapsed, and gentle stroking along the course of the vein failed to discover any evidence of blood. The body seemed to be practically bloodless.

Very little, if any, of the ergot or whiskey injections entered the circulation. At each puncture there was present a circular spot as large as a silver dollar, almost identical in appearance with a purpura hemorrhagica spot, and these spots all sloughed down to the muscular tissue.

While this solution was thrown in more rapidly, perhaps, than is advisable in most cases, no bad results followed. The temperature never went above 101. This was, of course, a case of secondary hemorrhage after parturition, but the principle is applicable in primary cases as well, and we think, in this case, saved life.

The two following experiments were performed upon the lower animals with a solution of three grains of sodium chloride to the ounce of distilled water, and with the same instrument.

February 2, 1890, a large bitch, weighing sixty pounds, had had both ovaries removed and ears trimmed four days previously. Bleeding from ears had been exceedingly free, so much so that she was weak, exhausted and almost lifeless. Pulse 160, compressible, temperature 102° F. No appetite. Injected into the jugular vein twenty ounces of the above solution at a temperature of 105° F. in six minutes. Temperature eight hours later was 102½° F., pulse 130. Twelve hours after the injection, temperature normal; pulse normal; appears greatly improved. From this time recovery was uninterrupted.

Experiment 2. — Common cur; weight thirty pounds. Chorea. Temperature 101°; pulse 120; sixteen ounces were taken from jugular vein. At end of bleeding the temperature was 102°; pulse 165; respiration 28. Injected sixteen ounces of the same solution in seven minutes. When injection was completed pulse was 160, respiration 24, temperature 102°. Cardiac sounds much improved. Eight hours after the temperature was 101°; respiration 24; pulse 130. Twelve hours after pulse 120; respiration 18; temperature 101°. Appears as well as before the operation.

Pregaldine has injected a six per cent. solution of salt into the subcutaneous abdominal tissue of dogs which had lost two-thirds of their blood. Recovery followed. He also treated hemorrhage after abortion in the human subject in the same manner, using two pints of fluid. Speedy recovery ensued.

Munchmeyer reports eight cases of severe post-partum hemorrhage successfully treated by this method, with a 6.1 solution of sodium chloride. The instrument for the performance of this operation is the same as where the solution is thrown into the veins. With this method I have no experience, but if the results are as uniformly good as in the previous method, it is the preferable one on account of its simplicity.

GUY'S HOSPITAL has raised an extra endowment of \$500,000; but still, like Oliver Twist, cries to the public for more.

Leading Article.

THE REMARKABLE TRIAL OF DR. MARY A. AND CHARLES N. DIXON-JONES.

SINCE the trial of Henry Ward Beecher, the City of Brooklyn has not been stirred by any proceeding in Court as much as in the case of the People vs. Mary A. Dixon Jones and Charles N. Dixon-Jones, charged with manslaughter in the second degree, which, at the March term of the Oyer and Terminer, was disposed of, resulting in the prompt acquittal of both defendants.

It is hardly necessary to advance one word with regard to the scientific attainments of Dr. Mary A. Dixon-Jones, and those which seem to have come to Dr. Charles N. Dixon-Jones in the nature of a heritage of professional aptitude from his mother. Their position in the cause of progressive surgery is well-known to the entire profession, through their public writings and their public services. We have viewed with confident anticipation the trial of this indictment, and its result but confirms what, to us, was a foregone conclusion and that was, that despite the clamor of the secular press, and notwithstanding the animus which moved a newspaper in the City of Churches to condemn these two eminent physicians, from unknown motives, no twelve men constituting a jury could fail to vindicate the doctors.

The April number of the *Buffalo Medical and Surgical Journal* says of the case:

Most of our readers are doubtless aware of the indictment and trial for manslaughter of Dr. Mary A. Dixon-Jones and her son, Dr. Charles N. Dixon-Jones, of Brooklyn, and of their acquittal after a most thorough, exhaustive, and elaborate trial. A Mrs. Ida Hunt died after an abdominal section in which diseased uterine appendages were removed, and this formed the basis of the indictment and trial.

The *Medical Record*, in its issue of March 1, editorially says: The original indictment of the Grand Jury of Kings County was founded upon a series of baseless charges, persistently reiterated in a Brooklyn journal of large circulation, bearing up an unskillful treatment of the case, willful and culpable neglect of the ordinary obligations of humanity, and dark, mysterious, and even murderous doings in the management of the hospital with which she is connected. All these allegations, absurd as they were, inflamed the public mind against the doctor, almost ruining a hitherto untarnished reputation. When, however, the case came to trial, the real facts were brought out, and an unqualified and triumphant acquittal was the result.

We should be glad, did space permit, to reproduce the *Record's* stirring editorial entire, for it is a masterly exposition of the case, and condemns in fitting words the outrage that was sought to be perpetrated in the name of law and justice. We refer to the case now more particularly to call attention to the imperfect and unseemly manner in which these prosecutions are frequently—nay, generally—brought against reputable physicians, and to suggest that it is high time that both the public press and the lawyers, even in this free American Republic, were more conservative in the exercise of their functions, when a slight mistake, or worse, a brutal blunder, may forever smirch a fair, untarnished reputation—that immortal part without which all else is bestial. But in this case, thanks to Judge Bartlett—a “most learned judge”—and to four or five good witnesses, who dared to do right, this poor, maligned woman and able physician has been permitted to preserve her good name and fame as a sweet inheritance for her noble son, whose manly attitude during this trying ordeal must everywhere command respect.

To Drs. Polk, Morris, Wylie, Coe, and Heitzman, of New York, and Joseph Price, of Philadelphia, the profession owes an everlasting debt of gratitude for their disinterested and able support of the right, which enabled court and jury to reach a just solution of this legal (?) monstrosity, and thus preserve the dignity of two outraged, though learned and noble, professions.

The *Medical Journal of New York*, and other organs of equal or higher standing, all join in the spirit of the articles quoted, and we may only add, that, to the Drs. Dixon-Jones, perhaps more than to any other living surgeons, is due the sincerest thanks of the profession, for so bravely confronting the charges arrayed against them to the defeat and confusion of a class of people, alas! too common in any community, who devote their time to the special practice of decrying the value of hundreds of years of accumulated and progressive surgical study, and deliver themselves over to what the Journal happily denominates the “sport of roasting doctors.”

To Messrs. Richard S. Newcomb and Chas. A. Jackson, of the New York Bar, ex-Judge Reynolds, of the Brooklyn Bar, and Stephen C. Baldwin, their young and efficient coadjutor, is also due a word of commendation for the very conspicuous personal interest displayed by them as members of a brother profession, in defence of a great body of practitioners whose interests are so often and so closely allied to their own.

A perusal of the official minutes of this trial, just concluded, would be worth months of text-book study by the members of their profession. The record of the trial might well be published as a classic monograph in the literature devoted to the subject of medical jurisprudence.

DR. RICHARD KALISH writes that, in his paper on the arrest and resorption of immature cataract, he recommended a one per cent. solution of boric acid, not carbolic acid, and that the manipulation must be practiced daily for fourteen to seventeen weeks. He instanced five cases successfully treated over a year ago, and stated that an equally good result had been attained in ten additional cases, more recently treated.

MISPLACED PREGNANCY IN THE EARLY MONTHS.

1. The diagnosis of early misplaced pregnancy is beset with considerable, but not insuperable, difficulties, and can ordinarily be made with positiveness.

2. The steps in diagnosis are, the establishment (a) of pregnancy; (b) of the absence of the ovum from the uterine cavity; (c) of its presence in either the Fallopian tube, or pelvic cavity.

3. Ova destroyed by electricity in the early months of misplaced pregnancy may be completely absorbed, or so nearly so as to leave no perceptible trace at their former site.

4. The treatment of early misplaced pregnancy (previous to the fourth month) should consist in: (a) Before rupture, the continuous galvanic current. (b) After rupture into the broad ligament, if hemorrhage be slight and symptoms not urgent, the galvanic current; if considerable, and symptoms be urgent, laparotomy. (c) After rupture into the peritoneal cavity, laparotomy.—Briggs, *Oc. Med. Times*.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, May 3, 1890.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

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THE EXAMINATION FOR RESIDENTS AT THE PHILADELPHIA HOSPITAL.

OUR readers will not have forgotten the excitement created last spring, when the result of the examination for Residents at the Philadelphia Hospital was announced. This year, the new Civil Service Examining Board, composed of one representative from each of the three colleges, held its first examination. Forty-five candidates presented themselves, representing the University, Jefferson, Medico-Chirurgical and Women's schools. The questions propounded will be given in our next number. It will be seen that they deal with the most elementary phases of medical study. The examiners desired to eliminate everything which could be thought to approach those bugbears of the candidate, "catch questions" and "hobbies." As far as possible the influence of the personality of the examiners was shut out, and the questions brought down to that broad level on which the teaching of all the schools must be practically identical. Queries concerning affections known by special designations, such as Raynaud's or Thomsen's disease; or to pathological curiosities, which are apt to crowd out of the student's mind matters of greater practical moment, were ignored. The examiners believed that, by their answers to the simplest questions, the candidates could show the relative profundity of their attainments; while, if the examination proved too elementary to afford grounds for a selection, it could easily be supplemented by a further trial. The results fully justified the Board, as the answers afforded abundant means of judging the relative merits of the candidates; while the fact that the highest upon the list did not obtain the grade of ninety, out of a possible hundred, showed that the questions were not too easy. But let it not be supposed that the grade of the applicants was a low one. On the contrary, there was not one out of the forty-five, who did not show such a degree of proficiency as would justify his selection as a resident. The comparison of the answers made was as to the degree of excellence; there were scarcely any errors as to fact. If these forty-five young

physicians fairly represent their classmates, there is no reason why the graduates of any of the Philadelphia colleges should fear to come before a licensing board.

As an example, we will analyze the answers to the question asking for a list of the appliances indispensable to the performance of laparotomy. Let any physician who has never performed this, or any other serious surgical operation, sit down and write out an answer, and we venture to say that, after reading the following analysis of the answers given by these young students, he will find at least some essentials which he had forgotten.

Out of forty-five, the number who provided themselves with scalpels, or some other cutting instruments, was forty-three; needles, thirty-eight; silk ligature, thirty-six; catgut, thirty-six; sponges, thirty-four; towels, sixteen; wire or silkworm gut ligature, twenty-two; needle holders, seventeen; hemostats, forty-three; tenacula, ten; grooved directors, nineteen; retractors, eighteen; needles for broad ligament, five; Paquelin cautery, seven; irrigating apparatus, fourteen; drainage tubes, twenty-nine; safety-pins, six; large conical sponge, two; rubber dams, ten; antiseptic gauze, thirty; antiseptic cotton, twenty; many-tailed bandage, one; pads, three; binders, sixteen; iodoform, nineteen; protective, ten; forceps, twenty-four; antiseptic solutions, twenty-eight; roller bandages, fifteen; scissors, thirty-four; aprons, four; electric batteries, two; anesthetics, seventeen; flat sponges, nine; wax-paper, one; syringes, six; boiling water, twenty-three; alcohol, nine; operating tables, five; razors, ten; clamps, nineteen; Esmarch rubber tube, five; trocar and canula, eleven; hot blankets, three; inhalers, five; hypodermic syringes, seven; whiskey or other stimulant, eight; digitalis, one; nitrite of amyl, one; aneurism needles, four; assistants, five soap and nail brushes, ten; jaw opener one; adhesive plaster, seven; opium suppository one; jars of sterilized water, one; sponge holder, two; bone plates, two; cyst tubes, two; cold water, three; clean sheets, one; hot bottles, four; soda for cleaning hands, one; buckets, two; pan for hips, one; pitchers and basins, three; stypics, four; aspirators three; good light, one; presence of mind, two.

It will be seen that there is not an article on the list which was named by all; and probably no one would have been able to complete an operation and meet all the emergencies which might arise, without sending out for something forgotten. But, alas! only five would have had any one to send! Eleven operate without using sponges; seven do not sew up the wound, as they have no needles; while twenty-eight get along without a needle holder, twenty-eight use no anesthetics; two employ no knives of any sort; thirty have no bandages; thirty seven provide no stimulants in case of heart failure, and forty decline to avail themselves of the operating table!

In the questions bearing upon diagnosis and treatment, the same diversity existed, and there was scarcely a point which received notice from every

candidate. And yet, there was hardly a single case, in which the answers did not embrace data sufficient to establish a diagnosis and treatment rationally directed and well suited to the case in question.

Annotations.

INFLAMMATION OF THE VERMIFORM APPENDIX.

DR. THOS. G. MORTON has published in pamphlet form a valuable paper read by him before the College of Physicians, of Philadelphia, upon the above subject. The following is an abstract of some practical observations made by him after reporting a series of seven cases upon which he had operated, five of the patients being exhibited in full enjoyment of perfect health:

As regards diagnosis, he asserts that one of the earliest and most constant symptoms of acute appendicitis is pain which may be slight or stabbing in character, is usually increased greatly by pressure, is paroxysmal, and at times associated with nausea and vomiting. There is a slight elevation of temperature; constipation is usually present; some acceleration of pus; at times tympanites in ileo-cæcal region. Relapses are frequent, and general peritonitis may complicate the case.

In cases presenting the symptoms above mentioned, pain, tenderness, deep-swelling, or tympanites in the appendix region, with prostration, nausea, fever, and constipation, these phenomena coming on suddenly, and especially where there has been a history of a previous attack—such an array of symptoms would warrant the diagnosis of appendicitis. When to these symptoms is added a sudden accession of intense pain, increased on pressure, in the right iliac region, with perhaps moderate pain over the rest of the abdomen, a fluctuating temperature reaching 102° or perhaps higher, slight rigor or decided chills, moderate perspiration or decided sweating, and an increase of tympany over the pericæcal region, unquestionably there will be found pus. The aspirating needle is a poor and especially unsafe diagnostic resource.

The disease is to be differentiated from *disease of the cæcum* by the fact that while it is extremely rare to have a perforation of the cæcum, it is just the reverse as to the appendix. From *acute intestinal obstruction* the diagnosis is easy. In ordinary fecal impaction there are no general symptoms; intussusception is distinguished by the sausage shaped tumor and frequent desire to evacuate the bowels. In *volvulus* there is more pain referred to the neighborhood of the umbilicus. In *psoas abscess* there is generally a history of long present ill health and pain in the dorsal region, with other symptoms of vertebral disease.

The *treatment* of pericæcal inflammation may be divided into two divisions: That of the pre-purulent and that of the post-purulent stage; or, first, before formation of pus or of appendix-perforation; and, secondly, after that event. The treatment of the for-

mer consists in absolute rest in bed, restriction of diet to nourishing liquids, hot poultices or fomentations frequently replaced upon the parts, perhaps local depletion, and possibly the hypodermic exhibition of morphine to control pain. The bowels should be kept open.

After pus has formed, operation is positively indicated. The field of operation should be made clean with soap and water, then shaved, washed with ether or turpentine, soapsuds again, and then douched with a mercuric bichloride solution (1-1000); the umbilicus having been carefully cleansed and its cavity rubbed with iodoform. The line of abdominal incision should be lateral, not median, and made directly over the abscess cavity in the appendix region. The incision should be from four to six inches in length, extending from an inch above the middle of Poupart's ligament upward through the right linea semilunaris, and down until peritoneum, cæcum, or pus is reached. When pus has been reached, sponge it away, and the appendix will be found either lying free or attached to the cæcum or abscess wall. This should be removed after ligation with a silk ligature. The abscess cavity should be washed out with a mercuric chloride solution (1-1000), and a good-sized rubber drainage-tube carried to the bottom of the cavity and brought out near the most dependent part of the wound. If peritonitis be present, all adhesions should be broken up; cæcal perforations should be cleansed, curetted, and closed by Lembert suture. When the general peritoneal cavity has been involved by the abscess, after cleansing, a large, glass, perforated tube, slightly curved (Keith's), should be inserted to the most dependent part of the pelvic cavity. The wound should be closed by interrupted silk sutures and dressed antiseptically. After operation, the ordinary rules of abdominal surgery are to be observed. The bowels should be promptly opened, and kept so by small doses of calomel, $\frac{1}{2}$ — $\frac{1}{4}$ grain hourly or half hourly, with occasional $\frac{1}{2}$ grain doses of podophyllin. Opium should not be used in any form internally. The dressings should be replaced as often as they become soiled, generally every six or eight hours for the first few days, afterwards at longer intervals.

OUR SOLUTION.

THE problem of how to secure competent and considerate treatment for the helpless in our various eleemosynary institutions is one that has as yet not been satisfactorily solved. It is, moreover, a problem that constantly confronts us, in the way of abuses here, and cruelty there; in fact, the press is full of such accounts, with their consequent investigations, and the probable succeeding lapse into the old state of affairs.

It has been said, and truly, that persons of education and refinement cannot be gotten as attendants for the small pittance paid in these places, and the remedy proposed has been to raise the wages. But, as a rule, the institutions pay their assistants all that their financial condition will afford, and any material increase in the salaries is a probability of great remoteness. But now the Trustees of the State Hospital

for the Insane, at Warren, Pa., attempt the solution of the problem in an entirely different, and for this age, a rather novel, manner. This is from their report:

What our hospital service needs is the humanitarian spirit of self-sacrifice evinced in the service of the Sanitary Commission, and so well exemplified by the religious order of the Brothers of St. Vincent de Paul, whose lifelong devotion to the cause of the insane may well invite our emulation. In the hope of attracting public attention to the importance of this demand for missionary labor, we have put the door ajar by incorporating the following provision in our by-laws, and would respectfully commend it to your earnest consideration:

"In the appointment of teachers and attendants, preference shall be given to persons of a humanitarian spirit, who are willing to serve without pecuniary compensation, and the Superintendent shall constantly invite such service through well appointed sources."

Instances are not wanting of wealthy and accomplished women, who have taken up the occupation of nurse, and filled it with an earnestness and ability fully equal to those of her who finds in this the means of earning her living. From the way matters are going now, there will soon be a plentitude of nurses as there is now of doctors, and our young enthusiasts, anxious to do something useful, and at the same time humanitarian, will find it advisable to turn their attention to something else. And why not to the insane asylum?

This is a good action on the part of the Trustees of the Hospital for the Insane, at Warren, and we trust that other hospitals of a similar character will do likewise, and thus let us see how much there now exists of that spirit which has made monks, missionaries, nuns, ascetics, sisters and saints in times gone by.

BROMIDE OF GOLD.

IT has been generally conceded that the efficiency of the bromides in epilepsy depends upon that element and not upon the base. This would seem to be beyond question, as the bromides of potassium, sodium, calcium, ammonium and nickel have each proved of value; while, though several observers have asserted that similar virtues reside in the other salts of potassium, their claims have never been confirmed by clinical experience. Now, if bromide of gold, in doses of a fraction of a grain, possesses any tangible power over epilepsy, we have a phenomenon difficult or impossible to explain. Either the gold is the active element, in which case the same potency should reside in the other auric salts; or else the presence of gold so enhances the power of the bromine that one tenth of a grain of the auric salt equals in therapeutic force a scruple of the potassium bromide. The latter is, to say the least, not probable. That gold may exert some beneficent influence is within the possibilities, this metal being related in therapeutical action to mercury; and if epilepsy depends in any degree upon the presence, in the cerebral centers, of the products of inflammation, or any other morbid process upon which absorption can be brought to bear, benefit may be hoped from mercury. In fact, the stimulation of absorption, and the promotion of destructive metamorphosis, are the only tangible indications in nervous diseases dependent upon such gross lesions as are beyond the surgeon's reach.

ARTIFICIAL MEMBRANÆ TYMPANI.

AN article in this number of THE TIMES AND REGISTER, by Dr. Cousins, on a new Artificial Membrana Tympani, should be of much interest to both doctor and patient, for if there is one thing that really seems to be needed, it is an apparatus or instrument so small as to be worn in the ear, that will in some way transmit sound into the ear and to the brain, in cases of deafness from partial or complete loss of the drum. Any reasonable and properly physiological, although mechanical, suggestions upon this subject will no doubt be welcome to the many suffering persons, who go about in their daily routine losing much that is pleasant, and causing, no doubt, in many cases, a moroseness of disposition unpleasant to all around them and no doubt to themselves.

Different artificial methods to replace a lost membrana tympani have been suggested for many years, starting with Marcus Bange, in 1640, who proposed to place a tube of ivory, one end of which was covered by a piece of bladder, in the auditory canal. Seschevin came forward with a modification in 1763, so Autenreith, 1815, and Lincke, 1840, then came the cotton pellet idea from a gentleman of New York, who had found it of benefit in his own ear. This led to Toynbee's India rubber disk, in 1853, then Hartman's thin disks of whalebone. Many contrivances have been presented with high-sounding recommendations; but while they may be, or have been, of service to some, do not become universal, for the very reason, no doubt, that they are tried for all kind of deafness, and not always the cases specially suited for such applications. It is to be hoped, and looks possible, that Dr. Cousins has struck an idea, and gives to the profession, if properly applied in suitable cases, an artificial drum which may be of greater benefit than any previously suggested.

SOUTHERN CALIFORNIA.

AT the meeting of the California State Medical Society, Dr. Remondino presented a thoughtful paper upon the Causes of Human Longevity, which we regret we are unable to reproduce. He adverted to the influence of insular climates. Ireland, Scotland and Denmark furnish more very old people than Germany. Mild climates produce long-lived food-producing plants; and the chestnut-eating Piedmontese, the Arab, fed on dates and figs, the acorn-eating South California Indian, and the olive-eating Syrian are all long-lived. Other fruits, which are thought to promote longevity, are the orange, lemon, banana and cactus pear, all found in Southern California. The mildness of the climate renders superfluous the gross food which shortens life, and lessens the desire for stimulants. All the requisites of Hufeland's ideal climate are found here, especially the warm, dry soil, and consequent freedom from malaria. The uniformity of the temperature renders flannel a necessity the year round, with no change in thickness.

Allowing for the enthusiasm natural to a resident, it is quite probable that this favored region offers attractions in the way of climate not surpassed anywhere else on the earth.

THE EAR COMPLICATIONS OF INFLUENZA.

SEVERAL otologists (*Cent. f. d. Med. Wissen.*) have noticed that the recent epidemic of influenza has been accompanied, or followed, in many cases, by otitis media; some of these have healed easily; others have been slower, and have been accompanied by extravasations of blood into the tissue of the membrana tympani. These extravasations have varied from a pin's head to a pea in size; and in a few cases have been large enough to completely cover the membrane. Most of the observers claim a rapid cure as soon as paracentesis of the membrane was done; one observer, however (Michael), claims that this procedure is not only unnecessary, but even injurious. He advises the use of leeches, or of Wilde's incision, in appropriate cases.

ANTIDOTES TO SERPENT VENOM.

IN the *San Diego Union*, O. R. Orcutt contributes an interesting paper upon rattlesnakes and the antidotes to their venom. Among the Indians a species of euphorbia, known as golondrina, is credited with antidotal powers. The fresh juice and the dried herb are both used locally and internally. Several species of euphorbia have been recommended as being antidotes to serpent venom, but we believe that every trial made under scientific auspices has resulted in failure to establish the claims. There is usually some grain of truth, however, in popular beliefs; and it would be of interest to know the true basis of this one. Perhaps if the trial were made on the ground, with the fresh herb, the effect might be more marked, as it is well known that the greater part of the irritant power of the euphorbias is lost by drying.

ON TO BERLIN.

WE have received several responses to our note regarding the formation of a party to the Berlin Congress. These have been placed on file, and as soon as the requisite number has been reached, arrangements will be made. The contemplated trip will occupy sixty days, with six days in London, about a week in Paris, Switzerland, Munich, Vienna, eight days in Berlin, the Rhine, etc. Physicians, with their families or friends, desiring to join the party, will please send their names as soon as convenient; as the great labor of arranging for the successful carrying out of such a trip is much lessened thereby. Address the office of this journal.

Letters to the Editor.

ARTIFICIAL TEETH IN THE GLOTTIS.

MRS. D., aged forty-six, being at the Academy of Music, Sept. 10, either following an effort of laughing or an attack of epilepsy, was seized with a series of spasms. She was removed to her home, and medical aid was summoned; but no relief ensued. After she was home a few hours, her artificial teeth were missed. An examination of the pharynx was made, but did not reveal anything as to the whereabouts of the teeth. The attending physician

stated that the patient would not allow any further examination of the larynx. Finally, they concluded the teeth had been lost in the opera-house; but they could not be found.

Mrs. D. lived until the morning of Sept. 13, when she died rather suddenly.

I was asked to hold the post-mortem and see whether the teeth were anywhere in the intestinal tract. Autopsy, thirteen hours after death: Rigor mortis not well marked; body fairly well nourished, pale; pupils normal; lungs were adherent by recent and old adhesions to the sternum, laterally to chest walls and posterior adhesions; base of lungs adherent to diaphragm. The lungs were filled with blood and serum, causing a hypostatic congestion of both lungs. Heart normal in size, cavities empty; liver adherent posteriorly, congested, normal in size; kidneys congested.

On opening the larynx, the plate, containing two teeth, was found lodged in the glottis. The plate is about $1\frac{1}{2}$ inch in length, and $\frac{1}{2}$ inch in width, made of silver, and containing the two front incisors. They entered the larynx lengthwise, and lodged between the vocal bands; there was barely room enough for closure of the epiglottis.

Mrs. D. could never speak above a whisper. The vocal cords were swollen and congested, similar to edema. A consultation was held on the 11th, but, as she objected to further examination, and as she had been even worse a number of times following these attacks of convulsions, her case was not considered serious until a few hours before death. I did not see the patient until after death.

F. W. FRANKHAUSER, M.D.

230 SOUTH SIXTH STREET.

BROMIDE OF GOLD.

THIS remedy is very useful in nervousness, various forms of headache, and "fits." It is quite a valuable chemical, costing about \$1.50 to \$1.85 per 15-gr. vial. It should be given in small doses. I have used chloride of gold and sodium in renal disease for many years (Mallinckrodt Co.'s, St. Louis, Mo.), with great satisfaction.

I know of a man whose normal pulse, in repose, is 40. He is subject to terrible attacks of angina pectoris. When suffering from a sudden spasm, his pulse runs up to over 100, and is intermittent. He refuses to take nitro-glycerin, using, instead, hot applications over the heart, and small quantities (?) of whiskey ad libitum internally.

I think that several attacks were caused by drinking abnormally large quantities of whiskey, gin, etc. The man has some knowledge of pharmacy; hence his stubbornness in refusing to take proper remedies, and the intemperate use of liquor occasionally.

Gold in all its forms—bromide, chloride, oxide, iodide, etc.—may be obtained from Merck's. E.H.B.

[We have inquired of Merck's for the bromide, but could not obtain it.]

THE North Carolina Board of Medical Examiners meets May 2, at Oxford, N. C.

Book Reviews.

SOME FALLACIES CONCERNING SYPHILIS. By E. L. KEYES, M.D. Physicians' Leisure Library, 1890. George S. Davis, Detroit, Mich. Pp. 71. Cloth, 50 c.; paper, 25 c.

In this monograph, Dr. Keyes gives his personal views on the subject of syphilis, and the points upon which he believes that wrong impressions prevail. Several of these may be extant among the more ignorant of the laity; but we hardly believe that medical men of any sort think syphilis occurs *only* by sexual contact, or that a syphilitic can communicate the malady by simple contact of his body at any time with that of another person. On the contrary, when the author alludes to the possibility of mercury curing syphilis as one of the fallacies, we feel quite sure that this idea prevails among the profession, and that so generally and so firmly implanted is this idea that even Dr. Keyes' efforts will not be able to dispel the illusion. His chapter on mercury is, however, a curiously faithful reproduction of the state of opinion on this drug; for he is clearly undecided himself, though the weight of the authority quoted is largely in favor of the curative power. Considering how seldom the treatment by mercury is faithfully pursued to the end, the rarity of persistence in doctor and patient through the years necessary to effect a cure, it is not to be wondered at that the proof is difficult of demonstration.

TRADE AND TRANSPORTATION BETWEEN THE UNITED STATES AND SPANISH AMERICA. By WILLIAM ELEROV CURTIS. Washington: Government Printing Office, 1889. Pp. 342, 8vo.

Not very pleasant reading for one who would like to be proud of his country's commercial enterprise, if he had an opportunity.

ESSENTIALS OF FORENSIC MEDICINE, TOXICOLOGY, AND HYGIENE. By ARMAND SEMPLE, M.D. With 130 Illustrations. W. B. Saunders, Publisher, Philadelphia. Pp. 196, 12mo. Cloth, \$1.00; interleaved, \$1.25.

Pamphlets.

Importance of Edema of the Vaginal Portion of the Cervix Uteri as a Symptom of Chronic Disease. By Andrew F. Currier, M. D., New York. 9 pp. Dr. Currier calls attention to a valuable diagnostic symptom, overlooked frequently by gynecologists. A report of the case enhances the value of the pamphlet.

The Conservative Treatment of Inflammatory Diseases of the Uterine Appendages and Sequela by Electricity. By Augustin H. Goelet, M. D., New York. 8 pp. Undoubtedly, electricity holds a place of vast importance in the therapy of certain gynecological cases, as Dr. Goelet impresses.

Digest of Criticisms of the U. S. Pharmacopeia. Part III. New York, 1890. (Not for sale.)

ABRIN.—According to Merck's bulletin, this substance, which is extracted from jequirity seeds, is most poisonous, the lethal dose intravenously being to the animal's weight as 1 is to 100,000,000. Prof. Kobert has also succeeded in producing the well-known jequirity ophthalmia by the use of abrin.

The Medical Digest.

W. F. MITTENDORF (*N. Y. Med. Record*) reports a successful case of removal of an encephalocele. The growth was of the rare kind which has its exit at the root of the nose. The operation was performed when the child was but six days old, and at six months afterward it was healthy and apparently of as good mental condition as ordinary children.

Coccidii Found in Eggs.—Prof. V. V. Podvisotzki is the first who has shaken the firm belief hitherto entertained in the freedom of eggs from any microscopical living organisms whatever. He discovered in the gray or greenish-gray spots often to be found on the white of eggs, the presence of colonies of various coccidii. He thinks that such eggs may serve as a vehicle by which psoropremia may be transmitted to man. "Indeed," he says, "there will be nothing surprising should any one discover, some of these days, the bacillus tuberculosis." He advises to eat boiled eggs—not raw—for the reasons (1) that the coccidii are destroyed by high temperature, and (2) the egg, when boiled, shows better the spots. The reputation of eggs for wholesomeness is gone.—*Vratch No. 1, 1890.*

HYSEROPEXIA, with opening of the peritoneum, includes several methods. Klotz, following the example of Koberlé, ablates an ovary and fixes the pedicle to the abdominal wall. He introduces a glass tube behind the uterus, down to the cul de-sac of Douglas. After a short time, he withdraws it, and, when adherences have been set up, this method has the double inconvenience of sacrificing an ovary and of twisting the uterus. Olshausen placed sutures (three) at each side of the uterus, but not in its tissue; they pass through the anterior fold of the peritoneum at the root of the large ligaments; but, as Pozzi pointed out at the Surgical Society, this operation might present the danger of internal strangulation by means of the slit it leaves between the uterus and the abdominal walls. Leopold imagined a better method, which has been imitated by Terrier, and which seems to have given the best results. He includes the uterine tissue in the sutures, and fixes that organ to the abdominal wound; the external wound is then drawn together above and below the sutures. Leopold takes care to place a Hodge's pessary *in situ*, which he leaves for a month. The sutures are withdrawn at the end of twelve or fifteen days. Hysteropexia is not a dangerous operation, as, out of a list of fifty cases, not one terminated fatally; but, as to the therapeutic results, it was not possible as yet to speak with confidence. For him, he would recommend, in uterine displacements, first, the introduction of a Hodge's pessary; and, if that failed, Alexander's operation, which was much less offensive than any of the others described. But, when the uterus was prolapsed, neither of these methods could be attended with advantageous results, and then, perhaps, hysteropexia would be the operation indicated.

—Heydenreich, in *Med. Press.*

THE few substances that prevent the culture of the micro-organism of typhoid fever are as follows :

Sublimate, 1 part to	20,000
Sulphate of quinine, 1 p	800
Phenic acid, 1 p	200
Hydrochloric acid, 1 p	100
Chloride of calcium, 5 p	100

The bacillus of cholera does not develop in an acid medium. A drop of a solution of hydrochloric acid, 1 p. 100, is sufficient to prevent development.

The other substances that oppose the development of the bacillus virgula are as follows :

Sublimate, 1 part to	100,000
Sulphate of quinine, 1 p	5,000
Sulphate of copper, 1 p	500
Phenic acid, 1 p	400

An immense number of substances have been used experimentally in tuberculosis. Hydrofluorsilicic acid, ammonia, fluorsilicate of iron, fluorsilicate of potash, sulphurated potassa, silicate of soda completely sterilize the culture of the bacillus of tuberculosis.—Paul.

ANTISEPTIC DRESSING AFTER VACCINATION.—Dr. John Bark describes, in the *British Medical Journal*, an antiseptic pad which he is in the habit of applying to the vaccinated arms of children on the eighth day, at which time the dangers of septic absorption begin. The pad is as follows : It is composed of either boracic or eucalyptus absorbent cotton wool, or of Hartman's perchloride wood wool wadding (the best, because most absorbent), the whole covered at the back and edges by antiseptic gauze. It is fastened to the arm by two straps of soft, half-inch tape, and is prevented from slipping down by another tape passing from the upper border to the opposite axilla. This is retained in position for six or seven days, by which time the inflammatory infiltration has usually entirely disappeared, and a hard scab replaced the vesicles. The advantages he claims for this protector are :

1. It protects the arm from external violence.
2. It absorbs all discharge.
3. It reduces the risk of septic absorption.
4. It cannot be used a second time, like the ordinary shield.
5. Lastly, and not least, is its extreme cheapness.

EMMENAGOGUES.—We may distinguish in this category :

1. Simple general excitants.—These means will certainly sometimes be followed by the appearance of the menses, when there has been a little retardation in the last act of ovulation. An augmentation of the heat of the body, a little acceleration of the circulation may then suffice to rupture the capillaries engorged with blood under the influence of the orgasm, already commenced, which has only been arrested. Anaemic cases are sometimes markedly benefited by iron and arsenic, which, however, have only a general action.

2. Certain medicinal substances, having a special action on the uterus, the rectum, or the bladder, as sain, rue, aloes, cantharides, etc.—The excitation,

which these medicaments produce on the organs contiguous to the ovaries, may easily extend to the latter. Let this coincide with the condition of ovulation, such as we have just supposed, and the excitation will suffice to overflow the full vesicle and provoke the menstrual hemorrhage. All these so-called emmenagogues are in a certain sense *sternutatories* of the ovaries. They disturb more or less these organs, and the shock which ovulation feels may bring about in a very short time the final or hemorrhagic phase ; but it is by this that their participation in menstruation is limited ; only women who are about ready to menstruate are benefited by them.

3. Agents which seem to act more or less on ovulation.—The high temperature of the country which one inhabits, contact with men, the reading of romance, sexual excitation, etc.

—Raciborski, in *The Medical Age*.

ADENOID VEGETATIONS OF THE NASO-PHARYNX.

—W. Scott Renner, M.D., of Buffalo, has suggested the following propositions, after a lengthy study of the above subject :

1. Always suspect adenoid vegetation in children under fifteen with nasal obstruction, and do not forget their frequency in cases under twenty.

2. Defective vocal resonance, middle ear disease, and hypertrophied tonsils in children are generally due to, or associated with, adenoid growths.

3. Failure to benefit middle ear disease by removing the faucial tonsils is often due to the presence of adenoids.

4. Much chronic ear trouble might be prevented by the early removal of these growths, and our percentage of deaf-mutes might be perceptibly diminished by early attention to the condition of the naso-pharynx.

5. While late operation greatly improves the general health, or ear trouble, early operation would obviate many cases of both.

6. The condition of the naso-pharynx should be carefully watched after attacks of diphtheria, scarlet fever, etc.

7. Early recognition of naso-pharyngeal obstruction rests with the family physician, not with the specialist, who only meets these cases after the manifestations are marked, and more or less serious.

8. Physicians should not encourage the idea, although perfectly true, that the patient will outgrow this trouble; for that only occurs in many cases after much serious harm has been produced by them.

—Buffalo Medical and Surgical Journal.

INSOMNIA AND HYPNOTICS.—Séé (*Med. Age*) gives the following indications :

1. *Insomnia from Pain* : Morphine, or antipyrin, acetanilid or phenacetin ; sometimes bromides. If visceral, opium or belladonna.

2. *Digestive Insomnia* : Hot, alkaline water, laxatives, regulation of digestion.

3. *Vascular, Cardiac and Dyspnæic Insomnias* : Secure ventilation, relieve asthma, by iodides, ethyl or pyridin ; morphine, if iodides fail. Amylen, chloral-amid, and especially sulphonal are safe ; not chloral

and bromides. In cardiac lesions urethan and sulphonal may suffice; probably not, but they are safe. In angina they are dangerous.

4. *Cerebro-spinal Insomnia*: Sulphonal, amylen and chloralamid can be advantageously alternated in agitated and persistent insomnia of organic diseases or insanity. Functional affections have insomnia from cerebral anemia. Hypnotics, if given, must be watched.

5. *Psychical Insomnia*: Sulphonal, paraldehyde, chloral succeed best if the loss of sleep be due to worry.

6. *Overwork Insomnia*.

7. *Genito-urinary Insomnia*: Rare. Use iodides, cold douches, antipyrin and hypnotics rather than narcotics; with proper regimen.

8. *Febrile, Auto-toxic Infectious Insomnia*: Often diagnostic. Treat cause; antipyrin in diabetes.

9. *Toxic Insomnia*: From opium, alcohol, coffee or tobacco.

THE IMMEDIATE REPAIR OF LACERATIONS OF THE CERVIX.—The operation may be done in Sims's position. I prefer the dorsal decubitus, with the patient's hips at the edge of the bed, and the legs held well flexed by the sheet-sling, which is a simple substitute for the various clutches. The lower corners of the tear are seized in the grip of a single pair of double tenaculum forceps. The extent of the tear is thus seen, and the rent steadied for stitching. This is the one point on which I wish to lay stress. A needle-holder and straight needles, or the modified Peaslee needle, bent at right angles and curved like a Hagedorn, serve well. Trustworthy gut is best, but I have been using ordinary No. 8 cotton thread, soaked in biniodide solution, 1-4,000. No assistance is required beside the nurse.

Objections.—Several theoretical reasons will occur to you at once, why this little operation might be difficult in ordinary cases.

1. The flabby vaginal wall may fall in and hamper all manipulation.
2. The bell shape of the cervix after labor might fog any working ideas of the normal relations.
3. The "reach" is too long.
4. Blood may pocket in the vagina and hide the sutures, in a way even more annoying than is the case in the perineal operation.

Whereas, the local conditions are as follows, in reality:

1. The vaginal walls have been over-distended so recently that they are held back without much trouble.
2. The cervix is so long and flabby that it is easily drawn into view. After long labors, the anterior lip is often visible at the vulva. It is after long labors that rents are most commonly found, and it is only for lacerations extending to the vaginal wall that the operation is proposed.
3. The seizure on both sides of the laceration checks hemorrhage. This cessation is so distinct as to be somewhat surprising, and it seems to point to the cervical vessels as the source of the bleeding in those cases, where a firmly contracted uterus bleeds. In

two of my cases, the flow was very free until the cervix was caught, when it ceased at once.

One after consideration deserves mention. The involution of the uterus has been remarkably rapid and complete in all these cases, the cervix particularly regaining a nulliparous size in less than three weeks.—Dr. Dickinson, in *Brooklyn Medical Journal*.

MEDICAL SOCIETY OF LONDON.—At the meeting March 24, Dr. Percy Kidd read a paper on the subject of the fibrous changes which supervene in the lung as the direct consequence of an acute attack. He read the notes of two cases in which this sequence was obvious. Of sudden and well-marked onset, the constitutional manifestations of the malady are less severe than usual, the fever being moderate and uncertain and the sputum non-characteristic, though it invariably became putrid towards the close. Death occurred in both cases within four months from the commencement, being due in one case to syncope and in the other to septic broncho-pneumonia and nephritis. Post-mortem they found lobar consolidation with cavities, but tubercular lesions were conspicuously absent. The induration was found to be due in the first case to organization of the fibrinous intra-alveolar exudation, and in the second the connective tissue growth was interstitial. He concluded that this constituted a distinct variety of pneumonia, best described as "indurative pneumonia."

Dr. Theodore Williams observed that these cases resembled those known as "interstitial pneumonia," though he agreed that there were points of difference.

Dr. Sidney Coupland recalled that he had brought forward a case of this kind of pneumonia twelve years ago, in which the distribution was closely that of ordinary croupous pneumonia. He observed that Addison had described a gray or "slaty" induration.

Mr. Wm. Adams then read an interesting paper on the treatment of Dupuytren's finger contraction. He alluded to the papers of Dr. W. W. Keen, of Philadelphia, and Dr. Robert Abbe, of New York, the latter supporting the view that the contraction is of neurotic origin, but this view was opposed by Dr. Keen, except perhaps in so far as gout and rheumatism were concerned. Mr. Adams said that he himself had not met with a case associated with neurotic symptoms, and still believed in the gouty thickening of the palmar fascia. He therefore advocated the subcutaneous division of all the contracted bands of fascia, followed by immediate extension, or extension as rapid as could be carried out without inflicting too much pain. He pointed out that the open wound operation was totally inapplicable to cases of phalangeal contraction, seeing that if recurrence took place under these circumstances, the case became hopeless, whereas the subcutaneous division could be repeated with advantage.

Mr. Noble Smith concurred in Mr. Adams' views, formally recanting and abjuring sundry previous utterances of his own which ran counter thereto.

Mr. Lockwood mentioned a case, in which the deposit of urate of soda seemed to have led to the contraction, and observed that if the joints were also the seat of deposit, no operation would probably prove of benefit.—*Medical Press*.

FRENCH NOTES.

By A. E. ROUSSEL, M.D.

ANTAGONISM OF ERYSIPelas AND DIPHTHERIA.—M. Babtchinsky reports the following: His son, while suffering from a most severe case of diphtheria, was suddenly attacked by erysipelas. This complication, grave of itself, seemed to hasten the fatal termination of the case, and during the first few hours of the eruption, the patient was much worse; the prostration extreme. But the next day the condition of things had changed, the patient progressively improved and made a good recovery.

Following this indication, Babtchinsky inoculated a second case of diphtheria with a culture of the erysipelas virus, made in agar-agar, and with an equally happy result.

Since this time, of fourteen cases of diphtheria treated with these inoculations, twelve resulted in recovery, and as in the two cases resulting fatally the inoculation of the microbe remained sterile, these negative results only tend to confirm the efficacy of this new treatment.

A remarkable fact in all these cases: The erysipelas process always remained of a mild nature, and terminated rapidly in recovery—*Bulletin Médical*.

CHOLAGOGUE MEDICAMENTS (G. Sée). — *First Group*—Substances which increase the secretion of bile and of biliary salts: Bile is the most powerful of cholagogues; in form of an extract or in nature, it increases to a considerable extent the biliary secretion. The biles of the ox, sheep, pig, and dog, are equivalent.

Urea produces gastro-intestinal troubles, and acts as a cholagogue. Acting in the same manner is the essence of *terebinthina* and its derivatives: terpine, terpinol, chlorate of potash, *benzoate* and *salicylate of soda*, *salol*, *euonymine* and *muscarine*.

Second Group—Substances which produce but a slight augmentation, doubtful or inconstant of bile: Bicarbonate of soda, Glauber salts, chloride of soda, Carlsbad salt, propylamine, antipyrine, aloes, rhubarb, *hydrastis canadensis*, ipecac, boldo.

Third Group comprises these substances which diminish the biliary secretion: Potash, calomel, iron, copper, atropine, strychnine in large doses.

Fourth Group—Substances without action on the biliary secretion: Phosphate of soda, bromide of potassium, chloride of lithium, corrosive sublimate, arseniate of soda, alcohol, ether, glycerine, quinine, caffeine, pilocarpine, kairine, cytise, senna, colombo.

But until now the cholagogue which possesses the action, the most energetic and the most durable, is olive oil used in large doses. Rosenberg does not hesitate to regard it as the most powerful of cholagogues. A knowledge of this property explains the utility of this liquid in the biliary diathesis.

—*La Médicine Moderne*.

THYMOL IN OBSTETRICS.—Since Prof. Braun has adopted thymol in his obstetrical clinic at Vienna, remarkable results have been obtained. From May 24 to October 30, 1889, of 1,004 confinements, but two deaths resulted; one hemorrhage, caused by an abnormal insertion of the placenta, the other from

rupture of the uterus. The operations numbered 74: one Porro operation; 20 versions; 16 forceps; 16 manual extractions; 17 craniotomies; 2 induced labors; 2 artificial deliveries.

R.—Thymol 1 gramme.
Alcohol,
Glycerine 10 grammes.
For one quart of hot water.

—*Revue Médicale*.

TREATMENT OF INCONTINENCE OF URINE IN CHILDREN.—It is very important to recognize the cause of the incontinence. If local causes have to be excluded, the probable cause is a simple nervous debility; puberty will probably end this trouble. Local causes should be treated if diagnosed. If the urinary passages are too irritable, belladonna will give good results; if the sphincter lacks tonicity, strychnine will doubtless prove useful. It is impossible to predict what medicament should be used.

—*Annales d'Orthopedie*.

CHLORHYDRATE OF OREXINE AS A STOMACHIC.—M. Penzoldt thinks he has found in orexine a true stomachic, capable of improving all the functions of the stomach.

Orexine is the chloride of phenyldihydrochinazoline and is derived from chinoline.

Doses of 0 gr. 50 centigr. produce in animals and in man a sensation of very pronounced hunger. The sojourn of aliments in the stomach is sensibly diminished.

Penzoldt tried this remedy in thirty-six patients troubled with functional affections of the stomach. In twenty-six cases the effect was surprising. The appetite returned, and often a sensation of marked hunger was produced, as a result of which the nutrition improved.

This action did not show itself until after several days, rarely after the first dose.

R.—Chlorhydrate of orexine 2 grammes.
Extract of gentian, q. s.

Make 20 pills, gelatinized.

Take from two to five pills once or twice a. y., with a cup of bouillon.

—*Bulletin Médical*.

PHYSIOLOGICAL ACTION OF IODIDE OF POTASSIUM (Laborde).—Iodide of potassium has no action on the cardiac muscle itself, or on the contractability of any muscle. The error which has existed so long in this regard is due to the fact that the conditions in which the experimenters were placed was defective; we must not, in reality, cause direct action of the agent on the muscle, as was done by Claude Bernard with the sulpho-cyanide of potassium, but we must examine the condition of muscular contractability after the passage of the medicament in the blood. This method was used with the iodide of potassium, and I am satisfied that the action of this substance on the heart was not primary, and that the action of this organ is only modified as a result of the action of the iodide of potassium on the central nervous system.

—*La France Médicale*.

TREATMENT OF ACNE (A. Fournier).—The medication of acne is based especially on the employment

of external means, as the internal treatment is of no utility; diet alone is of importance. We should forbid excessive alimentation, the abuse of meats, etc.; but the principal point resides in the employment of topical remedies, which may be stimulating or destructive.

The first group includes those remedies which exercise on the skin a mildly excitant action; these are, at first, hot lotions, repeated several times daily, as well as pulverizations and local douches.

Soaps are also very useful. Frictions made with powdered soap should be sufficiently vigorous, and continued five minutes for the face, ten minutes for the back. These are repeated twice a day until the irritation is quite active. If this does not suffice, we will employ sulphur, in the following manner:

R.—Vaseline	20 grammes.
Precipitated sulphur	2 " "
Essence of rose	3 "

Use at night.

R.—Water	250 grammes.
Camphorated alcohol	30 "
Sulphur	15 "

After bathing with this liquid at night, it should not be wiped off until the following morning. These means will suffice for light cases. In more severe cases we can use applications of oil of cade or of tar; plaster of vigo also gives good results; it is used at night, five or six days in succession; but several series of applications are necessary.

Black soap produces effects still more intense—a veritable dermatitis; consequently, the patient should be warned of the symptoms which will result. The applications should be made at night, four or five days in succession, and removed in the morning by hot applications; we then apply emollients for several days, then recommence the same treatment several times in succession. At the end of six weeks the result is generally very good, but it is, unfortunately, not always lasting.

If these means fail, we must use more energetic proceedings; the most simple are scarifications or cauterizations by ignipuncture.

—La France Médicale.

SUPPOSITORIES FOR DYSMENORRHEA (Failnis).—

R.—Extract of cannabis indica	15 milligr.
Extract of belladonna	15 "
Cacao butter	5 grammes.

M.—For one suppository. Make five similar ones. One to be used each night, starting on the fifth day before the menses.

INTESTINAL DYSPEPSIA.—

R.—Decoction of salsify root	200 grammes.
Syrup of rhubarb	40 "
Paregoric elixir	20 "
Tincture of coca,	
Tincture of ignatia	aa 4 "

M.—Sig. Four tablespoonfuls a day in hot tisane of gum arabic.

SOLUTION FOR ULCERATIVE VULVITIS (P. Ménière).—

R.—Naphthol β	1 grammie.
Tincture of Panama wood	19 "
Extract of hyoscyamus	4 "
Distilled water	76 "

F. S. A.

An emulsion. Vaporize about twenty grammes each day, hot, in cases of ulcerative vulvitis of diabetics. We maintain the jet of pulverized liquid at fifteen centimeters from the vulva, and, after separating the lips, apply on the affected parts. We obtain, in this way, a cure in from eight to ten days; while, if left to itself, an improvement will only follow the diminution of sugar in the urine. Internal treatment, alkalines and the usual alimentary regimen.

VULVAR PRURITUS (Sinety).—

1. R.—Chlorhydrate of morphine	50 centigr.
Borate of soda	10 grammes.
Saturated chloroform water	500 "
Dissolve.	
2. R.—Chlorhydrate of mercury	30 centigr.
Alum	20 grammes.
Pure glycerine	100 "
Distilled water	300 "
Dissolve: Apply one or the other solution on hot compresses.	

—Gazette de Gynécologie.

NEW INDICATIONS IN THE TREATMENT OF BLENNIORRHAGIA (Jullien).—If the malady is at its beginning, the indications for an abortive treatment remain that which it has always been: by means of the syringe of Langlebert, we make use of the following injection:

R.—Nitrate of silver	1 grammie.
Distilled water	30 "

If the discharge is well established, we prescribe one of the following injections:

1. R.—Corrosive sublimate	0 gr. .03.
Distilled water	150 grammes.
2. R.—Salicylate of mercury	0 gr. .06.
Bicarbonate of soda	1 grammie.
Distilled water	150 "
3. R.—Resorcin	3 grammes.
Distilled water	150 "
4. R.—Creoline	1 gr. .50.
Distilled water	150 grammes.
5. R.—Pyridine	0 gr. .50.
Distilled water	150 grammes.

To be repeated frequently, every two hours, if it is possible, and especially after each urination. They are more active if their temperature is about 40°.

It is after the pain has disappeared that we may prescribe with the greatest success the balsams.

R.—Cubeba (freshly pulverized) . . .	80 grammes.
Copaiba	40 "

Essence of mint, q. s.

Three times daily, at meal-time, the size of a nutmeg.

If decided improvement fails to show itself, it is by changing the preparations that we will obtain the best results. The following are two good formulæ:

R.—Salicylate of bismuth	5 to 10 grammes.
Liquid vaseline	150 "
Sulphate of quinine	1 "
Subnitrate of bismuth	5 "
Gum	10 "
Glycerine	30 "
Rose water	120 "

R.—Salicylate of bismuth	5 to 10 grammes.
Resorcin	3 "
Idol	1 "
Liquid vaseline	150 "

To be used night and morning.

—La France Médicale.

ALIMENTARY REGIMEN IN BRIGHT'S DISEASE.—The *climacteric prescriptions* consist in avoiding humidity and sudden changes of temperature.

As *dietetic prescriptions*, avoid highly seasoned or irritating articles of food; suppress eggs; use the milk diet, pure or mixed; avoid wine, brandy, liquors, and even beer.

2. Regime of Senator.—It consists in authorizing the use of white meats and pork; in avoiding dark meats, and in using vegetables and milk. Senator permits the use of wine and water as a beverage.

3. Regime of Semmola.—It consists in the observation of the preceding prescriptions, and in the use as a beverage of the following solution, to be taken in the twenty-four hours :

R.—Iodide of potassium	1 grammie.
Phosphate of soda	2 "
Chloride of sodium	5 to 6 "
Water	1000 "

4. Regime of Bamberger.—It consists in completing the lacteal alimentation by the use of tonics and preparations of iron. He recommends the following preparations :

(1) *Pills of Perchloride of Iron.* These pills are administered in doses of from three to six pills a day :

R.—Perchloride of iron	2 centgr.
Pulverized manganites	5 "
Extract of taraxacum, q. s.	

(2) *Pills of Sulphate of Iron :*

R.—Sulphate of iron,	
Bicarbonate of soda	ââ 5 grammes.

Extract of dandelion, q. s.

Make 60 pills. Six daily—three in the morning and three at night.

(3) *Potion of Quinquina :*

Bark of the gray quinquina	20 grammes.
Infused for half an hour in boiling water	200 "

And add,

Syrup of bitter orange peel	20 grammes.
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A tablespoonful every two hours.

—*Revue de Therapeutique.*

THE EMPLOYMENT OF LITHIUM IN THE GOUTY DIATHESIS.—We know that lithium acts by its diuretic and dissolvent properties.

1. Pills of Iodide of Lithium :

R.—Iodide of lithium	0.25 centgr.
Extract of gentian,	
Powdered gentian, ââ, q. s.	

For one pill. Three or four daily.

2. Potion of Iodide of Lithium :

R.—Iodide of lithium	6 grammes.
Syrup of bitter orange peel	200 "
Each tablespoonful contains 0.50 centigrammes of the active substance. Dose : two or three tablespoonfuls a day.	

3. Cachets of Benzoate of Lithium.—This formula contains twenty centigrammes of active substance to each cachet, with a dose of four to eight cachets a day.

Pills of Benzoate of Soda à la Lithine.—M. Hu-
card offers the following formula for gout with a
tendency to chronic nephritis :

R.—Extract of stigmates de mais	6 grammes.
Benzoate of soda	3 "
Carbonate of lithium	3 "
Essential oil of anise	3 gtt.

Make 50 pills. Two pills at the beginning of each meal for twenty days of each month. The treatment to be continued for three years.

We may remark as to the necessity of adding to the above the use of alkaline mineral waters.

—*La France Médicale.*

**TREATMENT OF FLATULENT DYSPEPSIA (Hu-
card).**—One of the best medicaments for this pur-
pose is chloroform. But by reasons of its local and
irritating action, we must not employ it in its state of
purity, or in capsules, as is too often done. The best
way is to make use of saturated chloroform water,
after one of the following formulæ :

R.—Saturated chloroform water	150 grammes.
Distilled water	120 "
Mint water	30 "

Take before or during each meal a teaspoonful of the above mixture, as well as the same amount of the following :

R.—Saturated chloroform water	140 grammes.
Orange flower water	150 "
Tincture of badiane	10 "

In the following preparation the chloroform is associated with excitants of the gastric fiber :

R.—Tincture of gentian,	
Tincture of badiane,	
Tincture of nux vomica	ââ 4 grammes.
Chloroform	20 to 40 gts.

Filter. Take ten to twenty drops in a little water one-quarter of an hour before each meal.

If we wish to employ powders, we may use the following formula :

R.—Powdered poplar charcoal	8 grammes.
Bicarbonate of soda	6 "
Calcined magnesia	4 "
Powder of columbo	2 "

Make forty powders. Take one at least one-half hour, or one hour, before each meal.

If we wish to procure the antiseptic action at the same time, we prescribe

R.—Naphthol-B.,	
Salicylate of bismuth,	
Magnesia	ââ 5 grammes.

For thirty powders. Administered as above.

Lastly, as an euplectic, we make use of the following preparation :

R.—Pancreatin,	
Bicarbonate of soda (or benzoate of soda),	
Magnesia	ââ 4 grammes.
Powdered nux vomica	0.40 centigrammes.

For twenty powders. One at commencement of each meal.

—*Le Bulletin Médical.*

SUMMARY ANALYSIS OF URINE (Hager).—This method consists in exposing filtering paper steeped with a drop of urine, to a temperature of 150° to 200°.

For this purpose, we use a petroleum lamp with a circular wick, furnished with a chimney of from 16 to 20 centimeters above the flame, and giving a flame of 2½ millimeters in height.

We let fall a drop of urine on a piece of this filtering paper, of medium thickness, 4 centimeters in extent, and we expose this drop of urine 2 or 3 centimeters above the chimney of the lamp, for three or four minutes, without scorching the paper.

The following results are to be observed :

Normal Urine: Stain is hardly visible, without border, sometimes pale yellow.

Albuminous Urine: Yellowish, or reddish yellow, stain, without border, or with very slight border.

Urine with Sugar: Stain brownish yellow, brownish, brown, pronounced brown, according to the quantity of sugar, and always with a very pronounced border.

Urine containing Morphine: Yellowish stain, with border.

—*Le Bulletin Médical.*

ON THE ACTION OF CAMPHORIC ACID ON THE NOCTURNAL SWEATS OF PHthisis (Low).—Camphoric acid is obtained by the oxidization of camphor by means of azotic acid. This substance is but little soluble in water, more soluble in alcohol. The taste is not very agreeable, so that it had best be administered in capsules.

This medicament was employed in thirteen cases, and administered in all fifty-five times; there were present in all cases very pronounced nocturnal sweats, sometimes of very great intensity. The result was not considered as complete until the skin remained perfectly dry. The medication was completely successful in 60 cases per 100; a partial effect in 22 cases per 100, and an absence of result was noticed in 18 per 100.

The average dose administered was two grammes, given at night; sometimes, however, this dose was increased to three or even five grammes, two of which were administered in the afternoon. One particularity noticed was that the action of the camphoric acid may not take place on the same night, but only on the following one. As a rule, this action will continue for several nights.—*Bulletin de Thérapeutique*.

BUCCAL BLENNORRHAGIA.—M. Cutler reports a curious case of this very rare affection. The patient was a woman, twenty-one years of age, who, as the result of a *buccal coitus*, presented the next day a peculiar dryness of the mouth, accompanied with a disagreeable taste. At the end of three days, the tongue and interior of the mouth were tumeied. At the end of five days, the mucous membrane was so inflamed that the patient could introduce no form of food into the mouth. A sanguinolent and fetid liquid passed through the lips. Vesicles were observed on the edges of the lips, as well as ulcerations, which followed the detachment of the false membranes. The breath was infected, the salivation was moderate. A true blennorrhagic discharge existed on the surface of the buccal cavity.

The false membranes, examined under the microscope, showed microbes resembling gonococci. We have, in truth, an infectious stomatitis. Is it of a veritable blennorrhagic nature?

The author of the infection was suffering from a well characterized blennorrhagia.

The treatment consisted in applications of glycerine and subnitrate of bismuth, and washes with a solution of chlorate of potash. The cure was complete.

—*Revue de Thérapeutique*.

CANODOL, A NEW ANÆSTHETIC (Dr. Pluschkov).—Canodol is a hydrocarbon which is obtained by the distillation of petroleum. It is a transparent, volatile liquid, which gives out an odor of benzine, and is insoluble in water and in alcohol; it reduces the local temperature in the same manner as ether; at the end of a minute it produces a local anaesthesia, which permits the performance of minor operations without the production of pain. The price of canodol is less than that of ether.—*Revue de Thér.*

POTION FOR LUMBAGO (Hollister).—

R.—Iodide of potassium	15 grammes.
Bromide of potassium	15 "
Tincture of colchicum seeds . . .	30 "
Syrup of bitter orange-peel . . .	50 "
Distilled water	150 "

M. Sig.—One teaspoonful three or four times a day.
—*Revue de Thérapeutique*.

Medical News and Miscellany.

THE St. Louis Medical College has a new dean. His name is Mudd.

DR. FELL is to try his resuscitation apparatus upon Kemmler, after he has been electrocuted.

A DAY NURSERY is being organized in Camden, under the presidency of Mrs. Dr. Godfrey.

DR. M. S. FRENCH has been elected Secretary of the Citizen's Permanent Relief Committee.

DR. A. HEWSON is giving a course of lectures on Anatomy to the nurses at the Episcopal Hospital.

SAN FRANCISCO is making a strong effort to secure the next meeting of the American Medical Association.

DR. FORD is to represent the Philadelphia Board of Health at the State Sanitary Convention at Norristown.

JOHNS HOPKINS UNIVERSITY proposes to open its medical course to women, if a fund of \$100,000 can be raised.

THE word schooner, as applied to beer glasses, originated in a benevolent attempt to encourage the feebler class of jokers.

DR. WILE, the brilliant editor of the *New England Medical Monthly*, is in very poor health, and contemplates a trip to Carlsbad.

MILLAIIS has discovered the microbe of canine distemper, and proposes to secure immunity by inoculations with attenuated virus.

DR. W. H. ISZARD, of Camden, celebrated his silver wedding on April 28. The doctor's house was thronged with his numerous friends.

AT the Cooper Hospital, Dr. W. F. Martin has been appointed Senior Resident Physician, and Drs. J. L. Nicholson and I. D. Webster, Juniors.

Once a Week, for April 22, contains a fine double-page portrait of George W. Childs, the great Philadelphia philanthropist. The likeness is excellent.

DR. WRIGHT, of Pittsburgh, made a short visit to this city, last week, in the interest of the Royal Arcanum, of which he is Chief Medical Examiner.

DR. ERNEST LAPLACE has been elected Professor of Pathology, and Dr. Samuel Wolfe, Professor of Physiology, in the Medico-Chirurgical College, of Philadelphia.

THE number of visitors expected at the Berlin Congress is so large that no general banquet will be given; each of the eighteen sections having its own dinner, at \$2.50 each.

We are informed that the managers of the Institution for the Blind have embraced the suggestion made in our columns, and added eight ladies to their number. In all the disclosures of cruelty and greed in public institutions, we have yet to hear of an instance in which the management of the institution was shared by women.

THE *Cincinnati Lancet-Clinic* pitches into the Tenth Congress vigorously because the medical profession west of the Alleghenies is not represented on the American Committee.

LONDON is putting into use forty street ambulances; having iron frames, three bicycle wheels, with India-rubber tires, and all requisites for supplying first aid to the injured.

A VETCHERINKA, or Russian Tea, is to be held at the Friends' Institute Rooms, 1307 Arch street, next Monday afternoon, the proceeds to go to the Siberian Exiles' Relief Association.

SUCCI has succeeded in completing the term of his forty-day fast, and escaped with his life. As the feat had been accomplished previously, the net results of the experiment are—nothing.

DR. A. C. W. BEECHER writes that he is in New Orleans, imprisoned by the floods. There had been no trains for two days; people were in winter clothes, and vegetation was backward.

DRS. G. M. D. PELTZ, F. B. Hazel, A. A. G. Starck, W. C. Norris, L. D. Judd, J. M. Brown, Swaim, and J. J. Taylor are among the medical examiners of the new order of Home Builders.

THE Yankton, South Dakota, Orphans' Home, has been closed, after running in debt \$14,000 on the expectation of donations never received. It's a good plan not to spend money before it is received.

DR. G. FRANK LYDSTON has been invited to deliver the opening address at the Kentucky State Medical Society meeting, at Henderson, May 14. Subject: Materialism vs. Sentiment in the Study of Crime.

THE late Dr. Goldberg carried about \$50,000 life insurance, in mutual companies. All of these were paid promptly. Among them were the Northwestern Masonic Mutual Aid (\$10,000), and the Home Benefit (\$10,000).

We were favored with a call from Dr. C. A. Bryce, editor of the *Southern Clinic*—one of the brightest of our Southern exchanges. Dr. Bryce reports the *Clinic* as prosperous, and growing in the favor of the Virginia physicians.

An effort recently made to ascertain the opinions of a number of leading physicians upon the subject of the admission of women to the classes of medical colleges, heretofore exclusively occupied by male students, showed an overwhelming majority in favor of the mixed classes.

THE EARLIEST MARRIAGEABLE AGE OF JAPANESE WOMEN.—In *Sei-I-Kwai* is given the result of an investigation of the above subject. The average age at which menstruation first appears, is found to be 14 years and 8 months. The growth of the woman in height ceases at the age of 18 years, the average then being 148 c. m. The growth ceases in the average at 17 years. Consequently, the earliest marriageable age is from 14 $\frac{2}{3}$ to 17 years, for women. For men, it is placed approximatively at one year later. The growth of males ceases at the age of 22 years, when the average is 160.03 c. m.

KAZAN, the capital of the ancient kingdom of the same name, sets us the good example of employing four physicians, at \$500 each, per annum, to attend to the poor citizens. A further sum of 2,580 roubles is allowed for drugs, etc.; and the doctors are not allowed to accept private practice.

A BALTIMORE boy is said to have suffered a unique accident. While drinking coffee from a flask his tongue was drawn into the flask by suction, and, becoming fast, swelled, and required the services of a physician to release it. That boy certainly had a pretty strong breath.

THE Soldiers' Home, at Leavenworth, is to be investigated. It is alleged that the inmates are compelled to work in a brick yard at 40 cents per day; that the sweat-box, bucking and gagging are in use, and that money letters fail to reach their destination. Evidently, there are no female members on the Managers' Board.

L'Univers Illustré, of March 15, has a double page engraving of Jimenez' picture, which received the medal of the Exposition in 1889. The scene is a ward at St. Louis Hospital. Vidal is stooping to examine a woman's chest, while the interne stands behind him, and then a crowd of externes, students, and visiting doctors. Among them is one lady—a Russian student.

In a case of mammary cancer, recurring after the third operation, the patient suffered greatly from constant burning in the skin around the seat of the growth. For this no remedy was found until she began using Declat's solution of nascent phenic acid, injected hypodermically in the arm or back, not at the seat of the growth or the burning. The relief was phenomenal.

A MEETING of graduates of the Jefferson Medical College, of 1890, was held on Friday evening, April 25, at the rooms of the Young Men's Hebrew Association, Handel and Haydn Hall, for the purpose of organizing a medical society. Dr. C. D. Spivak presided, and Dr. Ludwig Loeb acted as secretary *pro tem*. An organization was perfected, and another meeting will be held on Friday, May 2, when a name will be adopted, and other details of organization discussed.

WM. J. DORRAN, of 100 N. Seventh St., Philadelphia, announces a number of society reports for sale. The list comprises the transactions of "The American Gynecological Society," 1876-89; fourteen volumes, \$5.00 each. "The American Association of Obstetricians and Gynecologists," 1888-89; two volumes, cloth \$5.00 each, half Russia, \$6.00. "The American Surgical Association," 1881-89; six volumes, each \$3.00; Vol. VI, \$4.50. "The Association of American Physicians," 1886-89; Vols. I, and II, \$2.50 each; Vol. III, \$3.50; Vol. IV, \$3.00. "The Southern Surgical and Gynecological Association," 1889; Vol. II; \$4.00. "The American Orthopedic Association," 1887-89; Vol. I, cloth, \$1.50, paper, \$1.00; Vol. II, cloth, \$2.00, paper, \$1.50. "The American Climatological Association," 1886-89; four volumes, \$2.00 each.

UNDER date of April 2, an account appeared in a daily paper of a very remarkable girl in Alabama, who awoke to the full enjoyment of life in the spring, bloomed through the summer, and sank into a torpor in the fall; the winter being spent in a hibernating state. On its face, this resembles a case of circular insanity of the melancholic type. A letter from the leading physician of the town, Dr. R. M. Hill, Mt. Meigs, states that no such person lives in the vicinity, nor ever did.

THE Medico-Legal Society held its quarterly meeting on the evening of April 29. Among the members present were Drs. Hazel, Peltz, Stubbs, Connor, Stretch, Stewart, Nash, Martin, Mettler, Moore, Ziegler, Chandler, Jurist, Regar, McBride, Schoales, and Trau. Dr. Waugh presided. After the business had been disposed of, the members sat down to the dinner provided for the occasion by Mr. Wimley. Drs. Mecaskey, Lane, and Fitzpatrick were elected members.

THE CITY'S HEALTH.—During the week ending April 26, the interments in Philadelphia numbered 431—1 less than the preceding week, and 36 more than the corresponding week of 1889. The principal causes of death were:

Phthisis	55
Pneumonia	47
Heart disease	37
Inflammation of brain	22
Old age	20
Bronchitis	19
Typhoid fever	15
Convulsions	14
Marasmus	12
Croup	11
Apoplexy	10
Debility	10
Diphtheria	10
Cancer	8
Scarlatina	6

The large number of deaths from heart disease is the most notable feature. Deaths from debility, and from pulmonary affections, continue to be abnormally frequent.

THE Fourth State Sanitary Convention of Pennsylvania will be held at Norristown, Pa., on Friday and Saturday, May 9 and 10, 1890, under the auspices of the State Board of Health, acting in conjunction with the Board of Health, of Norristown.

The annual address will be delivered on Friday evening, by Mr. A. Arnold Clark, member of the State Board of Health, of Michigan.

Among the eminent gentlemen from whom papers are expected are the Hon. H. K. Weand, of Norristown, on The Necessity for Sanitary Organization of the State under Legislative Sanction; Dr. C. W. Chancellor, Secretary of the State Board of Health, of Maryland, on The Purification of Drinking Water; Gen. D. H. Hastings, on Some of the Sanitary Lessons of Johnstown; Prof. Pemberton Dudley, of Philadelphia, member of the State Board of Health, on The Importance of the Early Diagnosis of Communicable Diseases, and Their Immediate Report to the Health Authorities; Rev. Dr. Bridenbaugh, Pastor of the Church of the Ascension, Norristown, on The Dangers Arising from Public Funerals in the Case of Contagious Diseases; Prof.

Henry Leffmann, of Philadelphia, on The Employment of Salicylic Acid as a Food Preservative; Dr. S. D. Risley, of the University of Pennsylvania, on The Eyes of Our Public School Children.

A WRITER in the *Provincial Med. Jour.* refers approvingly to the Eastern custom of anointing the body with oil.

We heartily coincide with the author's recommendation of these oleaginous inunctions, in the case of infants and weakly adults. Many affections of the skin in infants are chargeable to the use of soap; and the substitution of oil is advantageous. But when the author recommends the oil of mustard for rubbing infants, we must enter our protest. Many years ago we gave a prescription for liniment, containing a little oil of mustard, to an old woman with rheumatism. The result was beyond our expectations. On our next visit we found her so much improved that she was quite able to get around the room with ease—in fact, it required all the agility of an earlier day to enable us to reach the door slightly ahead of the woman and her broomstick; while the epithets which she heaped upon the embrocation savored of another, but not a better, world. Oil of mustard, as dispensed in American pharmacies, is a drug of which a very little produces a powerful effect.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from April 14, 1890, to April 17, 1890.

Upon surgeon's certificate of disability, leave of absence for twenty-three days, on account of sickness, is granted Captain Louis A. La Garde, Assistant-Surgeon, in extension of leave of absence for seven days, granted him by Orders No. 70, Fort Assinniboine, Montana, with permission to apply to the Adjutant-General of the Army for an extension of one month, on surgeon's certificate of disability. S O. 43, par. 4, Dept. of Dakota, April 14, 1890.

Changes in the Medical Corps of the U. S. Navy for the week ending April 26, 1890.

SCOFIELD, W. K. Commissioned a Medical Director from February 8, 1890.

MCMURTRIE, DANIEL. Commissioned a Medical Inspector from February 8, 1890.

BOGERT, E. S. Commissioned an Assistant-Surgeon from April 16, 1890.

SPRATLING, L. W. Commissioned an Assistant-Surgeon from April 16, 1890.

MARTIN, H. M., Surgeon. Reported his return home and granted sick-leave.

WOOLVERTON, , Medical Inspector. Detached from Navy Yard, Washington, D. C., and wait orders.

BEVER, H. G., Passed Assistant-Surgeon. Ordered to delay reporting on board the "Yantic" until further instructed.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acetanilide-poisoning, Armstrong. Ther. Gaz., April 15, 1890.
 Abscess of the larynx, Richards. Amer. Jour. of Med. Scien., May, 1890.
 Agoraphobia and allied morbid fears, Suckling. *Ibid.*
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